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The Top Trial Lawyers In America™

Rick W. Bisher, Esq.
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Federal and State District Courts in Oklahoma
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Legal Assistants Assigned to R. Bisher:

Dimples Carson
Karen Odom
Teresa Johnson

Tuesday, October 20, 2020

Kellie Correia
Liberty Mutual Insurance - San Diego, CA
PO Box 515097
Los Angeles, CA 90051

Re: My Client: Brandon Wichert
Insured: Brandon Wichert
Claim No: 23840824
DOA: May 15, 2019

Dear Kellie :

I hope this finds you well. I am submitting the instant settlement package for your consideration and attention. As you are aware, based on the circumstances of the accident and the investigation conducted by the investigating office and the workers' compensation carrier, liability is moot, and uninsured motorist coverage is triggered as a matter of law. Therefore, I will focus on the relevant issues of damages.

The medical records that we have in our possession are enclosed and the medical expenses paid by the workers' compensation carrier are contained in the itemized printout that is also enclosed.

As you are aware this was a serious accident that resulted in permanent injuries to Brandon. His injuries, treatment and impairment from the injuries are discussed by Dr. Litchfield in his April 8, 2020 report (enclosed), a portion depicted below:

Mr. Wichert is a 31-year-old male who sustained these injuries while employed by Review Windows, Inc. On May 15, 2019, Mr. Wichert suffered **multiple severe injuries** when he was a passenger involved in a work-related motor vehicle accident. He was transported to Skyline Medical Center where multiple CT scans were obtained **revealing a comminuted and displaced left zygomatic/maxillary complex fracture, and fracture of the left process of the mandible, and a left orbital wall fracture.** He also complained of neck, low back, and left shoulder pain. He underwent an open reduction internal fixation of the left zygomatic arch on May 30, 2019, at Oral and Maxillofacial Associates performed by Dr. James Andrew Wendelken. By his report, he was released, but underwent continued care with Dr. Dustin Rosenhammer regarding his **facial injuries and headaches.**

EXHIBIT "14"

At this time, Mr. Wichert suffers from headaches, pain and decreased range of motion in his neck, low back, and left shoulder. His neck pain radiates into his bilateral upper extremities with numbness and tingling, worse on the left. The symptoms in his neck are aggravated with physical activity involving lifting or repetitive movements with the neck.

The pain in his back radiates into his bilateral lower extremities with numbness and tingling, worse on the left. The symptoms in his back are exacerbated with physical activity involving lifting, bending, twisting, and sitting or standing in a static position for prolonged periods. Mr. Wichert suffers from chronic headaches that occur on a regular basis about two to three times a week. These headaches require medication and rest to obtain relief. He still suffers pain and tenderness around his eye socket and jaw. Due to his TMJ dysfunction that he has had to change some aspects of his diet because chewy foods or hard foods cause pain in his jaw. His jaw deviates to the right. The symptoms in his shoulder are aggravated with physical activity involving lifting even lightweight objects or away-from-the-body movements. Due to significant loss of range of motion in his shoulder, he is unable to perform any type of work involving lifting or reaching overhead.

Dr. Litchfield notes that Brandon returned to work despite the significant and severity of his ongoing symptoms, which include significant physical and emotional discomfort. He now has to deal with TMJ symptomatology along with his other lasting conditions. He was unable to work from May 15, 2019 through October 1, 2019. He experienced lost wages in the amount of \$24,000.00.

Unlike in the workers' compensation system which compensates per a statutory rate, which has a current subrogation claim of \$71,782.12, in a personal injury uninsured motorist claim, it is well settled that an injured victim is to be compensated for all detriment proximately caused by a negligent party. It is up to the jury to determine the amount and there are no statutory damage caps.

The jury is to consider medical and hospital expense, pain and suffering, loss of time and earning capacity, permanent injuries or lasting disability and health to mind or person, although not contemplated or foreseen. Haco Drilling Company v Burchette, 346 P.2d 674 (Okla. 1961). Pursuant to 23 O.S. § 61¹, an injured party is to be placed as nearly as possible in the same situation, which he would have occupied, had the wrong not have occurred. In Oklahoma, a wrongdoer who commits a tort is liable for the whole loss caused by his actions, and any compensation received by the injured party from a collateral source, wholly independent of the wrongdoer, will not lessen the damages recoverable from the wrongdoer. Denco Bus Lines, Inc. v Hargis, 204 Okla. 339, 343, 229 P.2d 560, 564 (1951). Furthermore, the law in Oklahoma clearly holds that "to establish loss of earning capacity there needs only be shown evidence of permanent disability, either total or partial. Jones v. Eppler, Okl., 266 P.2d 451 (1953)." King v. City of Guymon, 523 P.2d 1154, 1159 (Okla. Civ. App. 1974). "The recovery is for injury to the capacity to earn, and not for loss of earnings. Upon this basis an unemployed plaintiff is entitled to recover for loss of earning capacity, despite inability to show specific loss of earnings." Complete Auto Transit, Inc. v. Reese, 1967 OK 73, 425 P.2d 465, 469.

¹ For the breach of an obligation not arising from contract, the measure of damages, except where otherwise expressly provided by this chapter, is the amount which will compensate for all detriment proximately caused thereby, whether it could have been anticipated or no." 23 O.S. §61.

In regard to causation of the injuries, such may be proven by either circumstantial or direct evidence. In a negligence case, Plaintiff need only make it appear more probable than not that the injuries he received, either in whole or in part, were caused by the Defendant's negligence. Wego Perforators v Hilligoss, 308 P.2d 113 (Okla. 1064). The issue of damages is left to the judgment of the jury, subjection to correction only if the jury was activated by prejudice or guilty of "abuse and passionate exercise." Chicago, Rock Island & Pacific R. Co. v Hawes 424 P.2d 6 (Okla. 1967); Walton v. Bennett, 376 P.2d 240 (Okla. 19162).

One of the diagnoses for Brandon was a closed head injury, also known as a mild traumatic brain injury (MTBI). Although most patients with MTBI typically improve within 5 days, up to 20% continue to have post-concussive symptoms for an extended period of time following the initial injury. The most common symptom in the days, weeks or months following the initial injury is headache. Other symptoms may include nausea, fatigue, blurred vision, and sleep disturbances. Cognitive symptoms are also experienced in patients who sustain an MTBI including attention difficulties, memory problems, and executive dysfunction characterized by a lack of focus or a slowing in the thought process. These symptoms typically improve within 2 to 4 weeks following the injury, however, a subset of patients experience prolonged symptoms. Unfortunately, Brandon falls within this subset as the symptoms have persisted.

Thus, the damages that you are required to consider pursuant to Oklahoma law in evaluating his uninsured motorist claim include but are not limited to the following:

Physical pain and suffering, past and future:	\$100,000.00
Mental pain and suffering, past and future:	\$100,000.00
Age:	32
Physical condition immediately before accident:	Excellent
Permanency of injury:	\$75,000.00
Physical impairment:	\$200,000.00
Disfigurement:	\$35,000.00
Impairment of earning capacity:	\$50,000.00
Medical expenses past :	\$22,063.00
Medical expenses future:	\$40,000.00
Lost Wages:	\$24,000.00
Total Damages:	\$696,063.00

Please review this settlement package and respond as soon as possible so that your insured, Brandon, can resolve his claim. I look forward to working with you in resolving this matter. If you have any questions, please advise.

Thank you.

Respectfully,



Rick W. Bisher

RB:rb/RB:rb
Enclosures

The Broadway Clinic

Injury Evaluation and Rehabilitation

Lonnie Litchfield, M.D.

1801 North Broadway Avenue
Oklahoma City, Oklahoma 73103
Telephone (405) 755-2288

April 8, 2020

Ryan Bisher Ryan
Charles Simons
Attorney at Law
4323 NW 63rd Street, Suite 110
Oklahoma City, Oklahoma 73116

Re: Brandon Wichert
Date of injury: May 15, 2019
Employer: Review Windows, Inc.
WCC # 2019-08128Q
PPI Report

Dear Mr. Simons:

Mr. Brandon Wichert was evaluated in my clinic on April 8, 2020, in regard to injuries that he sustained to his head, neck, low back, and left shoulder as a result of a work related accident while employed by Review Windows, Inc. He also suffered facial fractures to his cheekbone, jaw, and orbital socket.

HISTORY OF PRESENT INJURY

Mr. Wichert is a 31-year-old male who sustained these injuries while employed by Review Windows, Inc. On May 15, 2019, Mr. Wichert suffered multiple severe injuries when he was a passenger involved in a work-related motor vehicle accident. He was transported to Skyline Medical Center where multiple CT scans were obtained revealing a comminuted and displaced left zygomatic/maxillary complex fracture, and fracture of the left process of the mandible, and a left orbital wall fracture. He also complained of neck, low back, and left shoulder pain. He underwent an open reduction internal fixation of the left zygomatic arch on May 30, 2019, at Oral and Maxillofacial Associates performed by Dr. James Andrew Wendelken. By his report, he was released, but underwent continued care with Dr. Dustin Rosenhammer regarding his facial injuries and headaches.

At this time, Mr. Wichert suffers from headaches, pain and decreased range of motion in his neck, low back, and left shoulder. His neck pain radiates into his bilateral upper extremities with numbness and tingling, worse on the left. The symptoms in his neck are aggravated with physical activity involving lifting or repetitive movements with the neck.

Brandon Wichert

2

The pain in his back radiates into his bilateral lower extremities with numbness and tingling, worse on the left. The symptoms in his back are exacerbated with physical activity involving lifting, bending, twisting, and sitting or standing in a static position for prolonged periods. Mr. Wichert suffers from chronic headaches that occur on a regular basis about two to three times a week. These headaches require medication and rest to obtain relief. He still suffers pain and tenderness around his eye socket and jaw. Due to his TMJ dysfunction that he has had to change some aspects of his diet because chewy foods or hard foods cause pain in his jaw. His jaw deviates to the right. The symptoms in his shoulder are aggravated with physical activity involving lifting even lightweight objects or away-from-the-body movements. Due to significant loss of range of motion in his shoulder, he is unable to perform any type of work involving lifting or reaching overhead.

PAST MEDICAL HISTORY

Mr. Wichert denies any previous work related or non-work related injury to his head, neck, low back, or left shoulder.

CURRENT MEDICATIONS

Gabapentin

DRUG ALLERGIES

Anesthesia

SOCIAL HISTORY

Mr. Wichert is a single male. He denies tobacco use, but admits to occasional alcohol consumption. Mr. Wichert has returned to work despite the severity of his ongoing symptoms caused by his work related injuries.

PHYSICAL EXAMINATION

Physical examination reveals a 31-year-old male who is alert, cooperative, and oriented to person, place, and time. He is 5 feet 11 inches tall and weighs 180 pounds. He is right hand dominant.

Physical examination of the head is normocephalic. Extraocular eye movements are within normal limits. There is palpable tenderness and multiple trigger points in the left temporal and mandibular regions and the left occipital area.

Physical examination of the jaw and mouth reveals tenderness to palpation over the left temporomandibular joints. Weakness is noted with resisted opening and closing of the jaw. There is slight lateral deviation and a palpable and audible click of the mandible with opening and closing. It appears that the jaw deviates to the right and closes with slight difficulty on that side.

Brandon Wichert

3

Physical examination of the cervical spine reveals tenderness to palpation in the bilateral paraspinal musculature. Cervical range of motion is restricted in all planes. Cervical pain radiates into the bilateral upper extremities with numbness and tingling, worse on the left. Weakness is demonstrated in the cervical flexors and extensors. Jamar dynamometry testing reveals 100 pounds of force produced with the right hand and 90 pounds of force produced with the left hand. Foraminal Compression test is positive with reproducible pain into the bilateral extremities. Neuropathy is noted in the bilateral C6 and C7 dermatomes, again worse on the left.

Physical examination of the lumbar spine reveals tenderness to palpation in the bilateral paraspinal musculature from L1 through S1. Lumbar range of motion is restricted in all planes, especially upon flexion and extension. Lumbar pain radiates into the bilateral lower extremities with numbness and tingling, worse on the left. Weakness is demonstrated in the lumbar flexors and extensors. Neuropathy is noted in the L5 and S1 dermatomes of the bilateral lower extremities, again worse on the left. The Straight Leg Raising test is positive at 55° on the right and at 40° on the left.

Physical examination of the left shoulder reveals that tenderness to palpation is present in the anterior shoulder girdle. Range of motion is restricted in multiple planes. Significant weakness against resistance is demonstrated in all major muscle groups of the shoulder. Crepitation is palpable throughout active and passive range of motion. Posterior instability is exhibited. Supraspinatus Press test is positive. Impingement sign is positive.

Ranges of motion for the left shoulder are as follows:

Movement	ROM	% Impairment	Table
Flexion	130°	3%	15-34
Extension	42°	0%	15-34
Abduction	112°	3%	15-34
Adduction	27°	1%	15-34
Internal rotation	58°	2%	15-34
External rotation	74°	0%	15-34

6th Edition left shoulder impairment-range of motion only 9%

DISCUSSION

1. Medical records from Dr. James Wendelken and Skyline Medical Center were reviewed in the writing of this report.
2. It is my opinion that the TTD dates should extend from May 15, 2019 through October 1, 2019.

Brandon Wichert

4

3. The objective damage or harm to claimant's head, jaw, cervical spine, lumbar spine, and left shoulder is solely the result of the accident of May 15, 2019, which is an identifiable and significant aggravation of any preexisting condition. It is further my opinion that the damage or harm described was incurred in the course and scope of employment and the injury is the major cause of the need for medical care. It is further my opinion that the employment-related accident that Mr. Wichert sustained while employed by the Review Windows, Inc. is the sole cause of the injuries and the subsequent need for treatment to the head, jaw, cervical spine, lumbar spine, and left shoulder.
4. Per the 6th edition, Table 16-20, it is my opinion that Mr. Wichert has sustained a Class 2, 3% whole person permanent partial impairment to the greater occipital nerve due to mild to moderate neurogenic pain in an anatomic distribution. This is work related within a reasonable degree of medical certainty. This is over and above any prior injury.
5. Per the 6th edition, it is my opinion that Mr. Wichert has sustained a 4% whole person permanent partial impairment due to chronic migraines per Table 13-18. This is due to objective medical findings demonstrating chronic headaches that are moderately debilitating and require medication resulting from permanent anatomical abnormalities and loss of function. This is work related within a reasonable degree of medical certainty. This is over and above any prior injury. It is my opinion that this rating significantly underestimates the true impact of his chronic weekly headaches/migraines. In deviation from the Guides, it is my opinion that his actual impairment is 9% whole person permanent partial impairment.
6. It is my opinion that Mr. Wichert has sustained an 8% whole person permanent partial impairment due to dietary restrictions per Table 11-7 of the *Guides*. This is due to objective medical findings demonstrating injury to his jaw resulting in TMJ injury, which has resulted in a diet restricted to some semi-soft foods, resulting in permanent anatomical abnormalities and loss of function. This is work related within a reasonable degree of medical certainty. This is over and above any prior injury.
7. Per the 6th Edition, it is my opinion that regarding his cervical spine, Mr. Wichert has sustained a Class 4, 27% permanent partial impairment to the cervical spine per Table 17-2 p564 due to findings consistent with multiple intervertebral disc herniations with documented signs of residual multiple level bilateral radiculopathy at the clinically appropriate levels. The Grade modifiers were determined to be a Grade 3 for Functional History Adjustment for pain with minimal activity per Table 17-6, p575 of the *Guides*, a Grade 2 for Physical Examination Adjustment for findings of a positive foraminal compression test with reproducible radicular pain per Table 17-7, p576 of the *Guides*, and N/A for Clinical Studies Adjustment due to the MRI findings being used in the determination of the impairment class per page 582. The total score for the modifiers was -1 $[(3-4)+(2-4)+(N/A)+2 = -1]$ which shifts the rating in the "B" position or 27% whole person permanent partial impairment as per Table 17-2 page 564. This

Brandon Wichert

5

is work related within a reasonable degree of medical certainty. This is over and above any prior injury.

8. Per the 6th Edition, it is my opinion that regarding his lumbar spine, Mr. Wichert has sustained a Class 4, 27% permanent partial impairment to the lumbar spine per Table 17-4 p570 due to findings consistent with multiple intervertebral disc herniations with documented signs of residual multiple level bilateral radiculopathy at the clinically appropriate levels. The Grade modifiers were determined to be a Grade 3 for Functional History Adjustment for pain with minimal activity per Table 17-6, p575 of the *Guides*, a Grade 2 for Physical Examination Adjustment for findings of a positive straight leg raising test with reproducible radicular pain per Table 17-7, p576 of the *Guides*, and N/A for Clinical Studies Adjustment due to the MRI findings being used in the determination of the impairment class per page 582. The total score for the modifiers was -1 $[(3-4)+(2-4)+(N/A) +2 = -1]$ which shifts the rating in the "B" position or 27% whole person permanent partial impairment as per Table 17-4 page 570. This is work related within a reasonable degree of medical certainty. This is over and above any prior injury.
9. With respect to the left shoulder, it is my opinion that Mr. Wichert has a total of 9% impairment to the left arm. This is work related within a reasonable degree of medical certainty. This is over and above any prior injury. It is my opinion that this value underestimates his actual impairment as a result of his injury and does not take into account any of his resulting weakness which is a major part of his injury.
10. If the Commission wishes the above impairment to be converted to whole person, the above 9% impairment to the left arm converts to 7.07% whole person impairment per Worker's Compensation Code, 85A O.S. §46 (C) for injuries occurring after February 1, 2014 (24.75 weeks per each chart).
11. It is my opinion that Mr. Wichert will need continued care in the form of pain management in regard to his chronic pain. He should be assigned a pain management specialist for treatment. He should also be given entitlements for prescription medications or any treatments his treating physician deems necessary in regard to this work related injury.
12. It is my opinion that Mr. Wichert will need continued care in regard to his TMJ dysfunction. He should be assigned a board-certified dentist for continued care. He should also be given entitlements for prescription medications or any treatments his treating physician deems necessary in regard to this work related injury.

Based upon the history provided by Mr. Wichert, review of medical records, and my examination, it is my opinion within reasonable medical certainty that these injuries arose out of and are the direct result of the employee's work-related accident on May 15, 2019, with the above employer, Review Windows, Inc.

Brandon Wichert

6

My examination and opinions are conducted and formulated on a rational basis based upon my years of experience, knowledge and expertise.

I declare under penalty of perjury that I have examined this report and all statements contained herein, to the best of my knowledge and belief, are true, correct, and complete.

This report has been electronically signed by:

A handwritten signature in cursive script, appearing to read "Lonnie Litchfield", followed by a large, stylized flourish.

Lonnie Litchfield, M.D.

LL/af 4/14/20

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

SKYLINE MEDICAL CENTER (COCNV)
 Trauma Discharge Summary
 REPORT#:0518-0161 REPORT STATUS: Signed
 DATE:05/18/19 TIME: 0925

PATIENT: WICHERT, BRANDON UNIT #: G000994703
 ACCOUNT#: G00628329410 ROOM/BED: G.629-A
 DOB: 01/19/89 AGE: 30 SEX: M ATTEND: LUFTMAN, KEVIN M MD
 ADM DT: 05/17/19 AUTHOR: Wilson, Adam K NP
 REP SRV DT: 05/18/19 REP SRV TM: 0925
 * ALL edits or amendments must be made on the electronic/computer document *

Med Rec**Med Rec****Discharge meds:****Start taking the following new medications:**

oxyCODONE (Roxicodone) 5 MG TAB

1-2 TABLET ORAL EVERY 4 HOURS AS NEEDED as needed for PAIN SCALE 7-10 (SEVERE)

Qty = 30

No Refills

Instructions:

Attending: Dr. George Tyson

Exempt: Trauma

Objective**General****VS/I&O:**

Last Documented:

	Result	Date Time
Pulse Ox	98	05/18 0741
B/P	130/74	05/18 0741
B/P Mean	93	05/18 0741
O2 Delivery	Room air	05/18 0741
Temp	98.2	05/18 0741
Pulse	54	05/18 0741
Resp	19	05/18 0741

24 hour I&O ending at 0700:

	05/18 0700	05/17 1900
Intake Total	2000.00	3000.00
Output Total		
Balance	2000.00	3000.00

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Patient: WICHERT, BRANDON
 Unit#: G000994703
 Date: 05/18/19
 Acct#: G00628329410

Intake, IV	1500.00	1000.00
Intake, Oral	500	2000
Number Voids	3	1

Post injury day: day 1
 Ambulation status: ambulating, self

Physical Exam

General appearance: alert, awake
 Nutrition Assessment:

NUTRITION ASSESSMENT:

Nutrition Diagnosis:

BMI: 30.7

Nutrition Problem(s):

Etiology:

Signs and Symptoms:

Date Documented:

Head/eyes:

Head/Eyes: clear cornea, EOMI, PERRLA, ecchymosis inferior periorbital bilateral

ENT: normal dentition, normal ear left, normal ear right, normal nose

Neck: atraumatic, full range of motion

Cardiovascular: normal heart sounds, pulses all extremities, regular rate & rhythm

Respiratory/chest: aerating well, symmetric expansion, no distress

Abdomen: soft, no distention

Extremities: dry, moves all, normal range of motion, normal temperature, small abrasions right arm

Musculoskeletal: no midline vertebral tend, no muscle spasm, no paraspinal tenderness

Neuro/CNS: alert, follows commands, no motor deficits, no sensory deficits

Skin: ecchymosis, dry, normal temperature

Psychiatry: normal affect, normal mood

Results**Findings/Data:**

Microbiology:

05/17 0953 NASAL SWAB: MRSA Surveillance Culture - RECD

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Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/18/19
Acct#: G00628329410

General Information

Problem List/A&P:

1. Motor vehicle collision
2. Acute alcohol intoxication
3. LEFT FACE CONTUSION
4. Fracture of left coronoid process of mandible
5. LEFT ZMC FRACTURE

Date of admission:

Observation Start Date: 05/17/19

Date of admission: 05/17/19

Date of discharge: 05/18/19

Reason for Admission:

Admission Diagnosis: LEFT FACIAL FRACTURES AFTER MVC

Admission diagnosis:

left facial fractures after MVC

Discharge diagnosis:

Same

History of Present Illness:

30 y/o M, MVC as restrained front passenger. Car traveling about 15 MPH and was hit on passenger side by another vehicle traveling about 40 MPH. +LOC, airbags deployed. Patient reports he noted left sided facial pain after accident. EMS tx to Skyline for work up, no trauma activation. Upon exam, GCS 15. Denies neck pain, denies back pain, denies chest pain or shortness of breath. Imaging reveals: left sided zygomatic arch fx and coronoid process left mandible. Small abrasions to right arm with full ROM. Patient denies PMH, does report use of alcohol this evening with EtOH: 240.

*Notified of patient 0505, at bedside 0540.

Hospital course:

5/17/19: 30 y/o M, MVC as restrained passenger hit by another vehicle on passenger side of car. Brief LOC. No trauma activation to Skyline for work up. Imaging reveals: Left zygomatic arch fx, left coronoid process mandible. OMFS cs (Press). Admit to med surg. EtOH: 240.

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

Patient: WICHERT, BRANDON
 Unit#: G000994703
 Date: 05/18/19
 Acct#: G00628329410

05/18/2019: Patient has decided to have surgery in OK. Therefore, patient will be discharged to home to follow up in OK. Dr. Press note is below.

I spoke with Dr. Sean Harvey at University of Oklahoma, patient is to call 405 271 4955 on Monday morning for an appt with Dr Paul Tiwana
 please give pt a copy of his CT on disc

Consultants:

1. Dr. Steven Press, facial surgery

Allergies:**Coded Allergies:**

No Known Allergies (05/17/19)

Treatments & Procedures**Treatments & Procedures:**

Please see hospital course

Lab:

Lab Last Result ALL:

Test	Result	Date Time
Chemistry		
Sodium (135 - 146 mEq/L)	145	05/17 0302
Potassium (3.5 - 5.1 mEq/L)	3.8	05/17 0302
Chloride (95 - 108 mEq/L)	104	05/17 0302
Carbon Dioxide (20 - 32 mEq/L)	27	05/17 0302
Anion Gap (4 - 14)	7	05/17 0301
BUN (7 - 25 mg/dL)	14	05/17 0302
Creatinine (0.70 - 1.40 mg/dL)	1.2	05/17 0302
Est GFR (African Amer)	>90	05/17 0301
Est GFR (Non-Af Amer)	>90	05/17 0301
Glucose (70 - 110 mg/dL)	109	05/17 0302
Calcium (8.5 - 10.3 mg/dL)	8.4 L	05/17 0301
Ionized Calcium (1.13 - 1.32 mmol/L)	1.10 L	05/17 0302
Total Bilirubin (0 - 1.3 mg/dL)	0.2	05/17 0301
AST (0 - 42)	26	05/17 0301
ALT (13 - 65)	47	05/17 0301
Alkaline Phosphatase (45 - 117)	59	05/17 0301
Total Protein (6.0 - 8.5 g/dL)	7.4	05/17 0301
Albumin (3.5 - 5.0 gm/dL)	4.2	05/17 0301
Hematology		
WBC (4.3 - 11.0 K/mm3)	9.0	05/17 0301
RBC (4.0 - 5.6 M/mm3)	4.95	05/17 0301
Hgb (12.5 - 16.5 g/dL)	15.6	05/17 0302

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Patient: WICHERT, BRANDON
 Unit#: G000994703
 Date: 05/18/19
 Acct#: G00628329410

Hct (35.5 - 49.5 %)	46.0	05/17 0302
MCV (80 - 100 fl)	88.3	05/17 0301
MCH (26 - 33 pg)	30.7	05/17 0301
MCHC (31 - 36 g/dl)	34.8	05/17 0301
RDW Std Deviation (37 - 54 fl)	38.4	05/17 0301
Plt Count (150 - 375 K/mm3)	296	05/17 0301
MPV (9.4 - 12.3 fl)	9.1	L 05/17 0301
Neutrophils % (%)	51.2	05/17 0301
Lymphocytes %	40.2	05/17 0301
Monocytes % (%)	6.3	05/17 0301
Eosinophils % (%)	1.5	05/17 0301
Basophils % (%)	0.6	05/17 0301
Neutrophils # (2.05 - 6.8 K/mm3)	4.63	05/17 0301
Lymphocytes # (1.5 - 4.0 K/mm3)	3.63	05/17 0301
Monocytes # (0.22 - 0.950 K/mm3)	0.57	05/17 0301
Eosinophils # (0.03 - 0.86 K/mm3)	0.14	05/17 0301
Basophils # (0.0 - 0.160 K/mm3)	0.05	05/17 0301
Toxicology		
Plasma/Serum Alcohol (0 - 10 mg/dL)	240	H 05/17 0301

Micro Last Result ALL:

Date/Time	Procedure - Status
Source	Growth
05/17 0953	MRSA Surveillance Culture - RECD
NASAL SWAB	

Imaging:

Recent Impressions:

COMPUTERIZED TOMOGRAPHY - CT LEV 2 CHST/ABD/PELW&T/L SPI 05/17 0325

*** Report Impression - Status: SIGNED Entered: 05/17/2019 0435

IMPRESSION:

No acute thoracic process. No evidence of thoracic aortic injury or pneumothorax.

No acute intra-abdominal or pelvic process. No evidence of solid organ injury.

Additional nonemergent findings as described above.

EXAM:

CT Thoracic Spine With Contrast

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/18/19
Acct#: G00628329410

EXAM DATE/TIME:
5/17/2019 2:56 AM

CLINICAL HISTORY:

30 years old, male; Injury or trauma; Patient HX: Per EMS: PT unrestrained passenger in MVC. EMS reports. Significant damage. PT C/O left jaw and head pain. ETOH on board. PT alert and oriented. Crying. PT not answering questions. Swelling noted to left side of face. 100ml iso 300.

TECHNIQUE:

Imaging protocol: Axial computed tomography images of the thoracic spine with intravenous contrast. Coronal and sagittal reformatted images were created and reviewed.

Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction.

Contrast material: 300 ISO; Contrast volume: 100 ml; Contrast route: IV;

COMPARISON:

No relevant prior studies available.

FINDINGS:

There is mild straightening of the normal thoracic kyphosis. Slight dextrocurvature of the mid thoracic spine. This is likely positional.

There is no significant curvature or scoliosis. Thoracic vertebral body heights are maintained. Disc spaces are maintained. No AP malalignment. Posterior elements and facets are intact. Intact neural rings are identified from T1-T12. No evidence of acute fracture.

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Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/18/19
Acct#: G00628329410

IMPRESSION:

No acute fracture or traumatic AP malalignment in the thoracic spine.

=====

EXAM:

CT Lumbar Spine With Contrast

EXAM DATE/TIME:

5/17/2019 2:56 AM

CLINICAL HISTORY:

30 years old, male; Injury or trauma; Patient HX: Per EMS: PT unrestrained passenger in MVC. EMS reports. Significant damage. PT C/O left jaw and head pain. ETOH on board. PT alert and oriented. Crying. PT not answering questions. Swelling noted to left side of face. 100ml iso 300.

TECHNIQUE:

Imaging protocol: Axial computed tomography images of the lumbar spine with intravenous contrast. Coronal and sagittal reformatted images were created and reviewed.

Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction.

Contrast material: 300 ISO; Contrast volume: 100 ml; Contrast route: IV;

COMPARISON:

No relevant prior studies available.

FINDINGS:

There are 5 lumbar-type vertebral bodies. There is mild straightening

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Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/18/19
Acct#: G00628329410

of the
normal lumbar lordosis which may be positional. Lumbar vertebral body
heights
are maintained. Disc spaces are maintained. There is no AP
malalignment.
Posterior elements and facets appear intact.

On axial sequences, intact neural rings are identified from L1-S1.
No
evidence of acute fracture. Visualized sacroiliac joints and sacrum
are intact.

IMPRESSION:

No acute fracture or traumatic AP malalignment within the lumbar
spine.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY JAMES FALISZEK MD

Impression By: DR.FALJA - James Faliszek, MD

COMPUTERIZED TOMOGRAPHY - CT SPINE CERV W/O CON 72125 05/17 0325

*** Report Impression - Status: SIGNED Entered: 05/17/2019 0430

IMPRESSION:

1. No acute fracture or subluxation of the cervical spine.
2. Straightening of the normal cervical lordosis, likely positional
in nature or possibly representing underlying chronic microvascular
ischemia.

Impression By: DR.LONSC - SCOTT H. LONG, M.D.

COMPUTERIZED TOMOGRAPHY - CT MAXILLO-FACE W/O CON 70486 05/17 0325

*** Report Impression - Status: SIGNED Entered: 05/17/2019 0440

IMPRESSION:

Comminuted and displaced left zygomaticomaxillary complex fractures
as above.

Mild deformity of the lamina papyracea bilaterally, probably chronic
on the
left, unknown age on the right. Both globes appear intact, no
stranding or
hematoma in the post septal fat. Fracture of the left coronoid
process of the
mandible.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY ROBERT MORLEY DO

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/18/19
Acct#: G00628329410

Impression By: DR.MORRO2 - Robert Morley, DO
COMPUTERIZED TOMOGRAPHY - CT HEAD W/O CONTRAST 70450 05/17 0325
*** Report Impression - Status: SIGNED Entered: 05/17/2019 0404

IMPRESSION:

1. No acute intracranial abnormality.
2. Multiple acute maxillofacial injuries including left orbital wall and left zygomatic fractures are partially visualized. Please see dedicated CT of the maxillofacial structures performed concurrently on today's date for further evaluation.

Impression By: DR.LONSC - SCOTT H. LONG, M.D.

Discharge Instructions

Diet: Regular Diet

Activity: - Keep ice to face, keep head elevated greater than 30 degrees, and do not turn head to the left side to assist with swelling - Mobilize as able - Take medication as directed - Do not drive, consume alcohol, or return to work while taking pain medication - Will need to continue over the counter stool softeners while taking pain medication

Wound/dressing care: Ice to face at all times

F/U labs/procedures/tests:

Please call to schedule follow up on Monday in OK

Notify provider of these s/s:

- Worsening of vision, loss of vision, increase in pain, fevers, nausea, vomiting, chills, or any other concerning symptoms return to the nearest ER for evaluation

Prescriptions: on chart

Discharge management: less than 30 mins

Time spent:

Time spent with pt: 25 minutes or more

Follow-up Appointments

PCP:

PCP:

NO PRIMARY OR FAMILY PHYSICIAN

Attending Physician:

Attending Physician:

LUFTMAN, KEVIN M MD

Phone: 615-612-4385

Follow up: Call if needed

Special instructions:

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Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/18/19
Acct#: G00628329410

Shared office with Dr. Press, Facial surgeon

Consulting provider 1:

Provider 1 (free text): Paul Tiwana, MD

Specialty: Facial surgery

Phone: 405-271-4955

Follow up timeframe: Monday

Special instructions:

Please call Dr. Tiwana, facial surgeon at University of
Oklahoma medical center

Electronically Signed by Wilson, Adam K NP on 05/18/19 at 0926

Electronically Signed by Tyson, George H III MD on 05/19/19 at 1206

RPT #: 0518-0161
END OF REPORT

Page 10 of 10

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SKYLINE MEDICAL CENTER (COCNV)
 EMERGENCY PROVIDER REPORT
 REPORT#: 0517-0017 REPORT STATUS: Signed
 DATE: 05/17/19 TIME: 0256

PATIENT: WICHERT, BRANDON	UNIT #: G000994703
ACCOUNT#: G00628329410	ROOM/BED:
DOB: 01/19/89 AGE: 30 SEX: M	PCP PHYS: NO PRIMARY OR
FAMILY PHYSICIAN	
SERVICE DT: 05/17/19	AUTHOR: Radford, Jacob R MD
REP SRV DT: 05/17/19	REP SRV TM: 0256
* ALL edits or amendments must be made on the electronic/computer document *	

HPI-General Illness

Free Text HPI Notes

Free Text HPI Notes

This note was generated with Dragon voice-recognition software. Some errors may have escaped my proofreading.

HPI: 30-year-old male occupant was involved in a motor vehicle collision just prior to arrival. There was significant front-impact damage to the car and the front axle broke off. It sounds like he was the passenger, seatbelt unknown. He self-extricated and was ambulatory on EMS arrival. With EMS he has been a poor historian due to anxiety and alcohol intoxication. He has severe constant pain in the left side of the face. He reports pain nowhere else on arrival. He denies loss of consciousness.

ROS: Ten-point review of systems performed and negative except as reviewed in the HPI. Somewhat limited by alcohol intoxication.

EXAM:

GENERAL - Traumatized adult male.

HEAD - Normocephalic, atraumatic.

HEENT - Tenderness and apprehension on the left side of the face without visible sign of trauma. Moist mucous membranes.

NECK - Supple, no meningeal signs, no tenderness, no limitation or neurologic symptoms with range of motion.

RESPIRATORY - Lungs clear throughout, no respiratory distress.

CARDIOVASCULAR - Regular rhythm, good peripheral perfusion.

ABDOMEN - Soft, non-tender, non-distended, no peritonitis.

BACK - No gross abnormality, no tenderness

EXTREMITIES - No gross abnormality, good perfusion, moving all four extremities without deficit.

LYMPHATIC - No significant lymphadenopathy

SKIN - Good perfusion, no rash, intact

NEURO - Alert and oriented, no focal deficit, full strength, sensation intact, CCS 15, NIHSS zero. No clinical intoxication.

PSYCH - Competent, no suicidal or homicidal ideation. No apparent hallucinations.

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Patient: WICHERT, BRANDON
 Unit#: G000994703
 Date: 05/17/19
 Acct#: G00628329410

General

Initial Greet Date/Time 05/17/19 0255

Presentation

Chief Complaint MVC

Past Medical History - Adult

Stated Complaint MVC

Allergies**Coded Allergies:**

No Known Allergies (05/17/19)

Home Medications**Reported Medications**

No Known Home Medications

Additional Medical History

No reported chronic medical problems, no medications, no allergies

Additional Surgical History

None reported

Physical Exam**Vital Signs****Vital Signs**

First Documented:

	Result	Date Time
Pulse Ox	95	05/17 0254
B/P	143/84	05/17 0254
B/P Mean	103	05/17 0254
O2 Delivery	Room air	05/17 0254
Temp	98.6	05/17 0254
Pulse	67	05/17 0254
Resp	18	05/17 0254

Last Documented:

	Result	Date Time
Pulse Ox	95	05/17 0254
B/P	143/84	05/17 0254

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

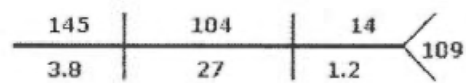
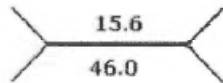
Patient: WICHERT, BRANDON
 Unit#: G000994703
 Date: 05/17/19
 Acct#: G00628329410

B/P Mean	103	05/17 0254
O2 Delivery	Room air	05/17 0254
Temp	98.6	05/17 0254
Pulse	67	05/17 0254
Resp	18	05/17 0254

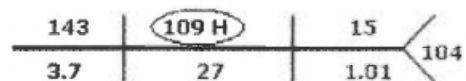
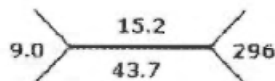
Review of Vital Signs Reviewed

Interpretation & Diagnostics**Lab Results Interpretation****Results****Laboratory Tests**

05/17/19 0302:



05/17/19 0301:

**Laboratory Tests:**

	05/17 0302	05/17 0301
Chemistry		
Sodium (135 - 146 mEq/L)	145	143
Potassium (3.5 - 5.3 mEq/L)	3.8	3.7
Chloride (95 - 108 mEq/L)	104	109 H
Carbon Dioxide (20 - 32 mEq/L)	27	27
Anion Gap (4 - 14)		7
BUN (7 - 25 mg/dL)	14	15
Creatinine (0.70 - 1.40 mg/dL)	1.2	1.01
Est GFR (African Amer)		>90
Est GFR (Non-Af Amer)		>90

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Patient: WICHERT, BRANDON

Unit#:G000994703

Date: 05/17/19

Acct#:G00628329410

Glucose (70 - 110 mg/dL)	109	104
Calcium (8.5 - 10.3 mg/dL)		8.4 L
Ionized Calcium (1.13 - 1.32 mmol/L)	1.10	L
Total Bilirubin (0 - 1.3 mg/dL)		0.2
AST (0 - 42)		26
ALT (13 - 65)		47
Alkaline Phosphatase (45 - 117)		59
Total Protein (6.0 - 8.5 g/dL)		7.4
Albumin (3.5 - 5.0 gm/dL)		4.2
Hematology		
WBC (4.3 - 11.0 K/mm3)		9.0
RBC (4.0 - 5.6 M/mm3)		4.95
Hgb (12.5 - 16.5 g/dL)	15.6	15.2
Hct (35.5 - 49.5 %)	46.0	43.7
MCV (80 - 100 fl)		88.3
MCH (26 - 33 pg)		30.7
MCHC (31 - 36 g/dl)		34.8
RDW Std Deviation (37 - 54 fl)		38.4
Plt Count (150 - 375 K/mm3)		296
MPV (9.4 - 12.3 fl)		9.1 L
Neutrophils % (%)		51.2
Lymphocytes %		40.2
Monocytes % (%)		6.3
Eosinophils % (%)		1.5
Basophils % (%)		0.6
Neutrophils # (2.05 - 6.8 K/mm3)		4.63
Lymphocytes # (1.5 - 4.0 K/mm3)		3.63
Monocytes # (0.22 - 0.950 K/mm3)		0.57
Eosinophils # (0.03 - 0.86 K/mm3)		0.14
Basophils # (0.0 - 0.160 K/mm3)		0.05
Toxicology		
Plasma/Serum Alcohol (0 - 10 mg/dL)		240 H

Recent Impressions:

COMPUTERIZED TOMOGRAPHY - CT LEV 2 CHST/ABD/PELW&T/L SPI 05/17 0325

*** Report Impression - Status: SIGNED Entered: 05/17/2019 0435

IMPRESSION:

No acute thoracic process. No evidence of thoracic aortic injury or pneumothorax.

No acute intra-abdominal or pelvic process. No evidence of solid organ injury.

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Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/17/19
Acct#: G00628329410

Additional nonemergent findings as described above.

=====

EXAM:
CT Thoracic Spine With Contrast

EXAM DATE/TIME:
5/17/2019 2:56 AM

CLINICAL HISTORY:
30 years old, male; Injury or trauma; Patient HX: Per EMS: PT unrestrained passenger in MVC. EMS reports. Significant damage. PT C/O left jaw and head pain. ETOH on board. PT alert and oriented. Crying. PT not answering questions.
Swelling noted to left side of face. 100ml iso 300.

TECHNIQUE:
Imaging protocol: Axial computed tomography images of the thoracic spine with intravenous contrast. Coronal and sagittal reformatted images were created and reviewed.
Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction.
Contrast material: 300 ISO; Contrast volume: 100 ml; Contrast route: IV;

COMPARISON:
No relevant prior studies available.

FINDINGS:
There is mild straightening of the normal thoracic kyphosis. Slight dextrocurvature of the mid thoracic spine. This is likely positional. There is no significant curvature or scoliosis. Thoracic vertebral body heights are

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Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/17/19
Acct#: G00628329410

maintained. Disc spaces are maintained. No AP malalignment.
Posterior
elements and facets are intact. Intact neural rings are identified
from
T1-T12. No evidence of acute fracture.

IMPRESSION:

No acute fracture or traumatic AP malalignment in the thoracic spine.

=====

EXAM:

CT Lumbar Spine With Contrast

EXAM DATE/TIME:

5/17/2019 2:56 AM

CLINICAL HISTORY:

30 years old, male; Injury or trauma; Patient HX: Per EMS: PT
unrestrained
passenger in MVC. EMS reports. Significant damage. PT C/O left jaw and
head
pain. ETOH on board, PT alert and oriented. Crying. PT not answering
questions.
Swelling noted to left side of face. 100ml iso 300.

TECHNIQUE:

Imaging protocol: Axial computed tomography images of the lumbar
spine with
intravenous contrast. Coronal and sagittal reformatted images were
created and
reviewed.

Radiation optimization: All CT scans at this facility use at least
one of
these dose optimization techniques: automated exposure control; mA
and/or kV
adjustment per patient size (includes targeted exams where dose is
matched to
clinical indication); or iterative reconstruction.

Contrast material: 300 ISO; Contrast volume: 100 ml; Contrast route:
IV;

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/17/19
Acct#: G00628329410

COMPARISON:

No relevant prior studies available.

FINDINGS:

There are 5 lumbar-type vertebral bodies. There is mild straightening of the normal lumbar lordosis which may be positional. Lumbar vertebral body heights are maintained. Disc spaces are maintained. There is no AP malalignment. Posterior elements and facets appear intact.

On axial sequences, intact neural rings are identified from L1-S1. No evidence of acute fracture. Visualized sacroiliac joints and sacrum are intact.

IMPRESSION:

No acute fracture or traumatic AP malalignment within the lumbar spine.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY JAMES FALISZEK MD

Impression By: DR.FALJA - James Faliszek, MD

COMPUTERIZED TOMOGRAPHY - CT SPINE CERV W/O CON 72125 05/17 0325

*** Report Impression - Status: SIGNED Entered: 05/17/2019 0430

IMPRESSION:

1. No acute fracture or subluxation of the cervical spine.
2. Straightening of the normal cervical lordosis, likely positional in nature or possibly representing underlying chronic microvascular ischemia.

Impression By: DR.LONSC - SCOTT H. LONG, M.D.

COMPUTERIZED TOMOGRAPHY - CT MAXILLO-FACE W/O CON 70486 05/17 0325

*** Report Impression - Status: SIGNED Entered: 05/17/2019 0440

IMPRESSION:

Comminuted and displaced left zygomaticomaxillary complex fractures as above.

Mild deformity of the lamina papyracea bilaterally, probably chronic on the left, unknown age on the right. Both globes appear intact, no stranding or

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

Patient: WICHERT, BRANDON
 Unit#: G000994703
 Date: 05/17/19
 Acct#: G00628329410

hematoma in the post septal fat. Fracture of the left coronoid process of the mandible.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY ROBERT MORLEY DO
 Impression By: DR.MORRO2 - Robert Morley, DO
COMPUTERIZED TOMOGRAPHY - CT HEAD W/O CONTRAST 70450 05/17 0325
 *** Report Impression - Status: SIGNED Entered: 05/17/2019 0404

IMPRESSION:

1. No acute intracranial abnormality.
 2. Multiple acute maxillofacial injuries including left orbital wall and left zygomatic fractures are partially visualized. Please see dedicated CT of the maxillofacial structures performed concurrently on today's date for further evaluation.
- Impression By: DR.LONSC - SCOTT H. LONG, M.D.

Point of Care Testing**Pulse Oximetry**

Pulse Ox % 95

On: Room air

Interpretation Interpreted by me, Pulse oximetry normal**Re-Evaluation & MDM****ED Course****Medication(s) Ordered**

Medication(s) Ordered:

Central Nervous System Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Hydromorphone HCl	1 MG	X1ED ONE IV	05/17 0453 05/17 0454	DC	05/17 0458
Morphine Sulfate	4 MG	X1ED ONE IV	05/17 0256 05/17 0257	DC	05/17 0300

Diagnostic Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Iopamidol	100 ML	STK-MED ONE	05/17 0337	DC	05/17

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Patient: WICHERT, BRANDON
 Unit#: G000994703
 Date: 05/17/19
 Acct#: G00628329410

	IV	05/17 0338	0337
--	----	------------	------

Gastrointestinal Drugs

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Ondansetron HCl	4 MG	XTED ONE IV	05/17 0256 05/17 0257	DC	05/17 0300

Patient Discharge & Departure**Vital Signs/Condition****Vital Signs**

First Documented:

	Result	Date Time
Pulse Ox	95	05/17 0254
B/P	143/84	05/17 0254
B/P Mean	103	05/17 0254
O2 Delivery	Room air	05/17 0254
Temp	98.6	05/17 0254
Pulse	67	05/17 0254
Resp	18	05/17 0254

Last Documented:

	Result	Date Time
Pulse Ox	95	05/17 0254
B/P	143/84	05/17 0254
B/P Mean	103	05/17 0254
O2 Delivery	Room air	05/17 0254
Temp	98.6	05/17 0254
Pulse	67	05/17 0254
Resp	18	05/17 0254

All vital signs available at the time of this entry have been reviewed.

Clinical Impression**Clinical Impression****Primary Impression:** LEFT ZMC FRACTURE**Secondary Impressions:** Acute alcohol intoxication, Fracture of left coronoid process of mandible, Motor vehicle collision

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Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/17/19
Acct#: G00628329410

Disposition Decision

Admit

Admit Physician Name
LUFTMAN, KEVIN M MD
(Admission Accepts Yes
(Accepted Time 0509
(Accepted Date 05/17/19

Free Text Depart Notes

Free Text Depart Notes

I discussed his facial fracture with Dr. Prest who recommends admission for likely surgery.

He appears to have no other emergent traumatic injury. I discussed his case with Lana under Dr. Luftman of the trauma team who will be admitting him.

Electronically Signed by Radford, Jacob R MD on 05/17/19 at 0514

RPT #: 0517-0017
END OF REPORT

Page 10 of 10

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SKYLINE MEDICAL CENTER (COCNV)
Trauma History and Physical
REPORT#:0517-0041 REPORT STATUS: Signed
DATE:05/17/19 TIME: 0609

PATIENT: WICHERT, BRANDON UNIT #: G000994703
ACCOUNT#: G00628329410 ROOM/BED: G.629-A
DOB: 01/19/89 AGE: 30 SEX: M ATTEND: LUFTMAN, KEVIN M MD
ADM DT: 05/17/19 AUTHOR: Moulding, Lana
Alyse PA
REP SRV DT: 05/17/19 REP SRV TM: 0609
* ALL edits or amendments must be made on the electronic/computer document *

Moulding, Lana Alyse. 05/17/19 0609:

History of Present Illness

Patient Seen by Provider:

Patient Seen Date: 05/17/19

Patient Seen Time: 0540

Patient Location: Emergency Department

Consulting Physician: Emergency Department MD

Mech of Injury: MVC-Frt Pass. (V87.7XXA)

HPI:

30 y/o M, MVC as restrained front passenger. Car traveling about 15 MPH and was hit on passenger side by another vehicle traveling about 40 MPH. +LOC, airbags deployed. Patient reports he noted left sided facial pain after accident. EMS tx to Skyline for work up, no trauma activation. Upon exam, GCS 15. Denies neck pain, denies back pain, denies chest pain or shortness of breath. Imaging reveals: left sided zygomatic arch fx and coronoid process left mandible. Small abrasions to right arm with full ROM. Patient denies PMH, does report use of alcohol this evening with EtOH: 240.

*Notified of patient 0505, at bedside 0540.

Chief Complaint:

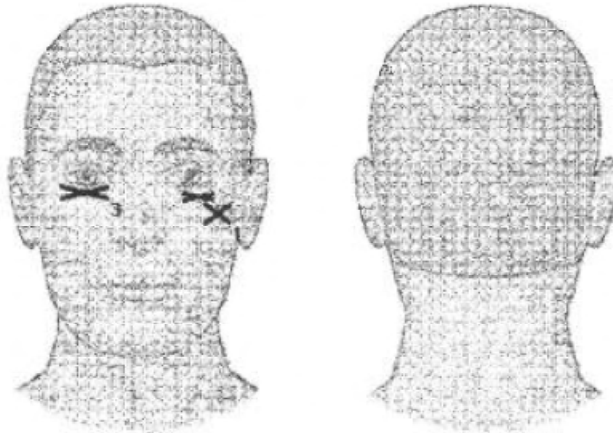
left sided facial pain

Source of History: patient

Head - Front & Back

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Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/17/19
Acct#: G00628329410



- 1) small deformity, swelling
- 2) ecchymosis
- 3) ecchymosis

History

Additional medical history:

No reported chronic medical problems, no medications, no allergies

Additional surgical history:

None reported

Alcohol use: Alcohol use (12 pack beer per week)

Drug use: Marijuana

Smoking status for patients 13 Former Smoker (quit)

Medication/Allergy-Vaccine Hx

Allergies:

Coded Allergies:

No Known Allergies (05/17/19)

Occupation:

construction

Ambulatory status: Independent

Review of Systems

Constitutional:

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

Patient: WICHERT, BRANDON
 Unit#: G000994703
 Date: 05/17/19
 Acct#: G00628329410

Denies: chills, fever.

Skin:

Reports: abrasion, bruising.

Eyes:

Denies: visual loss/blurred, eye pain.

ENT:

Reports: mouth pain.

Respiratory:

Denies: DOE (dyspnea on exertion), SOB.

Cardiovascular:

Denies: chest pain, DOE (dyspnea on exertion).

GI:

Reports: nausea. Denies: abdominal pain, vomiting.

Musculoskeletal:

Denies: extremity pain, lumbar pain, neck pain, thoracic pain.

Endocrine:

Denies: weight loss, other.

Neuro:

Reports: change in LOC. Denies: headache, lightheaded, vision change.

Objective

General

VS/I&O:

Last Documented:

	Result	Date Time
Pulse Ox	95	05/17 0254
B/P	143/84	05/17 0254
B/P Mean	103	05/17 0254
O2 Delivery	Room air	05/17 0254
Temp	98.6	05/17 0254
Pulse	67	05/17 0254
Resp	18	05/17 0254

24 hour I&O ending at 0700:

	05/17 0700	05/16 1900
Intake Total		
Output Total		
Balance		
Patient Weight	220 lb	

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

Patient: WICHERT, BRANDON
 Unit#: G000994703
 Date: 05/17/19
 Acct#: G00628329410

Weight	Estimated	
Measurement		
Method		

Pt Seen by Provider:

Patient Seen Date: 05/17/19
Patient Seen Time: 0540
Post injury day: day of injury
Ambulation status: ambulating, self

Physical Exam

General appearance: alert, awake, conversational, mental status normal, no respiratory distress

Nutrition Assessment:**NUTRITION ASSESSMENT:****Nutrition Diagnosis:**

BMI: 30.7

Nutrition Problem(s):**Etiology:****Signs and Symptoms:****Date Documented:****Head/eyes:**

Head/Eyes: clear cornea, EOMI, PERRLA, ecchymosis inferior periorbital bilateral

ENT: normal dentition, normal ear left, normal ear right, normal nose

Neck: atraumatic, full range of motion

Cardiovascular: normal heart sounds, pulses all extremities, regular rate & rhythm

Respiratory/chest: aerating well, symmetric expansion, no distress

Abdomen: soft, no distention

Extremities: dry, moves all, normal range of motion, normal temperature, small abrasions right arm

Musculoskeletal: no midline vertebral tend, no muscle spasm, no paraspinal tenderness

Neuro/CNS: alert, follows commands, no motor deficits, no sensory deficits

Glasgow Coma Score:

Glasgow Coma Score:	Response	Value
Patient intubated?	no	
Glasgow eyes:	eyes open spontaneously	4
Glasgow speech:	oriented	5
Glasgow motor:	obeys commands	6

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

Patient: WICHERT, BRANDON
 Unit#: G000994703
 Date: 05/17/19
 Acct#: G00628329410

Total	15
-------	----

Skin: ecchymosis, dry, normal temperature

Psychiatry: normal affect, normal mood

Results

Findings/Data:

Laboratory Tests

	05/17 0302	05/17 0301
Chemistry		
Sodium (135 - 146 mEq/L)	145	143
Potassium (3.5 - 5.1 mEq/L)	3.8	3.7
Chloride (95 - 108 mEq/L)	104	109 H
Carbon Dioxide (20 - 32 mEq/L)	27	27
Anion Gap (4 - 14)		7
BUN (7 - 25 mg/dL)	14	15
Creatinine (0.70 - 1.40 mg/dL)	1.2	1.01
Est GFR (African Amer)		> 90
Est GFR (Non-Af Amer)		> 90
Glucose (70 - 110 mg/dL)	109	104
Calcium (8.5 - 10.3 mg/dL)		8.4 L
Ionized Calcium (1.13 - 1.32 mmol/L)	1.10 L	
Total Bilirubin (0 - 1.3 mg/dL)		0.2
AST (0 - 42)		26
ALT (13 - 65)		47
Alkaline Phosphatase (45 - 117)		59
Total Protein (6.0 - 8.5 g/dL)		7.4
Albumin (3.5 - 5.0 gm/dL)		4.2

Laboratory Tests

	05/17 0302	05/17 0301
Hematology		
WBC (4.3 - 11.0 K/mm3)		9.0
RBC (4.0 - 5.6 M/mm3)		4.95
Hgb (12.5 - 16.5 g/dL)	15.6	15.2
Hct (35.5 - 49.5 %)	46.0	43.7
MCV (80 - 100 fl)		88.3
MCH (26 - 33 pg)		30.7
MCHC (31 - 36 g/dl)		34.8
RDW Std Deviation (37 - 54 fl)		38.4

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Patient: WICHERT, BRANDON
 Unit#: G000994703
 Date: 05/17/19
 Acct#: G00628329410

Plt Count (150 - 375 K/mm3)	296
MPV (9.4 - 12.3 fl)	9.1 L
Neutrophils % (%)	51.2
Lymphocytes %	40.2
Monocytes % (%)	6.3
Eosinophils % (%)	1.5
Basophils % (%)	0.6
Neutrophils # (2.05 - 6.8 K/mm3)	4.63
Lymphocytes # (1.5 - 4.0 K/mm3)	3.63
Monocytes # (0.22 - 0.950 K/mm3)	0.57
Eosinophils # (0.03 - 0.86 K/mm3)	0.14
Basophils # (0.0 - 0.160 K/mm3)	0.05

Laboratory Tests

	05/17 0301
Toxicology	
Plasma/Serum Alcohol (0 - 10 mg/dL)	240 H

Radiology data:

Recent Impressions:

COMPUTERIZED TOMOGRAPHY - CT LEV 2 CHST/ABD/PELW&T/L SPI 05/17 0325

*** Report Impression - Status: SIGNED Entered: 05/17/2019 0435

IMPRESSION:

No acute thoracic process. No evidence of thoracic aortic injury or pneumothorax.

No acute intra-abdominal or pelvic process. No evidence of solid organ injury.

Additional nonemergent findings as described above.

=====

EXAM:

CT Thoracic Spine With Contrast

EXAM DATE/TIME:

5/17/2019 2:56 AM

CLINICAL HISTORY:

30 years old, male; Injury or trauma; Patient HX: Per EMS: PT unrestrained

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/17/19
Acct#: G00628329410

passenger in MVC. EMS reports. Significant damage. PT C/O left jaw and head pain. ETOH on board. PT alert and oriented. Crying. PT not answering questions. Swelling noted to left side of face. 100ml iso 300.

TECHNIQUE:

Imaging protocol: Axial computed tomography images of the thoracic spine with intravenous contrast. Coronal and sagittal reformatted images were created and reviewed.

Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction.

Contrast material: 300 ISO; Contrast volume: 100 ml; Contrast route: IV;

COMPARISON:

No relevant prior studies available.

FINDINGS:

There is mild straightening of the normal thoracic kyphosis. Slight dextrocurvature of the mid thoracic spine. This is likely positional.

There is no significant curvature or scoliosis. Thoracic vertebral body heights are maintained. Disc spaces are maintained. No AP malalignment. Posterior elements and facets are intact. Intact neural rings are identified from T1-T12. No evidence of acute fracture.

IMPRESSION:

No acute fracture or traumatic AP malalignment in the thoracic spine.

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/17/19
Acct#: G00628329410

EXAM:
CT Lumbar Spine With Contrast

EXAM DATE/TIME:
5/17/2019 2:56 AM

CLINICAL HISTORY:
30 years old, male; Injury or trauma; Patient HX: Per EMS: PT unrestrained passenger in MVC. EMS reports. Significant damage. PT C/O left jaw and head pain. ETOH on board. PT alert and oriented. Crying. PT not answering questions.
Swelling noted to left side of face. 100ml iso 300.

TECHNIQUE:
Imaging protocol: Axial computed tomography images of the lumbar spine with intravenous contrast. Coronal and sagittal reformatted images were created and reviewed.
Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction.
Contrast material: 300 ISO; Contrast volume: 100 ml; Contrast route: IV;

COMPARISON:
No relevant prior studies available.

FINDINGS:
There are 5 lumbar-type vertebral bodies. There is mild straightening of the normal lumbar lordosis which may be positional. Lumbar vertebral body heights are maintained. Disc spaces are maintained. There is no AP malalignment.
Posterior elements and facets appear intact.

Page 8 of 11

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Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/17/19
Acct#: G00628329410

On axial sequences, intact neural rings are identified from L1-S1.
No
evidence of acute fracture. Visualized sacroiliac joints and sacrum
are intact.

IMPRESSION:

No acute fracture or traumatic AP malalignment within the lumbar
spine.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY JAMES FALISZEK MD
Impression By: DR.FALJA - James Faliszek, MD
COMPUTERIZED TOMOGRAPHY - CT SPINE CERV W/O CON 72125 05/17 0325
*** Report Impression - Status: SIGNED Entered: 05/17/2019 0430

IMPRESSION:

1. No acute fracture or subluxation of the cervical spine.
2. Straightening of the normal cervical lordosis, likely positional
in nature or possibly representing underlying chronic microvascular
ischemia.

Impression By: DR.LONSC - SCOTT H. LONG, M.D.
COMPUTERIZED TOMOGRAPHY - CT MAXILLO-FACE W/O CON 70486 05/17 0325
*** Report Impression - Status: SIGNED Entered: 05/17/2019 0440

IMPRESSION:

Comminuted and displaced left zygomaticomaxillary complex fractures
as above.
Mild deformity of the lamina papyracea bilaterally, probably chronic
on the
left, unknown age on the right. Both globes appear intact, no
stranding or
hematoma in the post septal fat. Fracture of the left coronoid
process of the
mandible.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY ROBERT MORLEY DO
Impression By: DR.MORRO2 - Robert Morley, DO
COMPUTERIZED TOMOGRAPHY - CT HEAD W/O CONTRAST 70450 05/17 0325
*** Report Impression - Status: SIGNED Entered: 05/17/2019 0404

IMPRESSION:

1. No acute intracranial abnormality.
2. Multiple acute maxillofacial injuries including left orbital wall

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Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/17/19
Acct#: G00628329410

and left zygomatic fractures are partially visualized. Please see dedicated CT of the maxillofacial structures performed concurrently on today's date for further evaluation.
Impression By: DR.LONSC - SCOTT H. LONG, M.D.

Results: labs reviewed, vital signs stable, CT/MRI results reviewed, Plain Film results rev'd

Treatment & Prophylaxis

VTE Prophylaxis:

VTE Prophylaxis initiated: Yes

Diagnosis, Assessment & Plan

Hospital course to date:

5/17/19: 30 y/o M, MVC as restrained passenger hit by another vehicle on passenger side of car. Brief LOC. No trauma activation to Skyline for work up. Imaging reveals: Left zygomatic arch fx, left coronoid process mandible. OMFS cs (Press). Admit to med surg. EtOH: 240.

Problem List/A&P:

1. Motor vehicle collision
2. Acute alcohol intoxication
3. LEFT FACE CONTUSION
4. Fracture of left coronoid process of mandible
5. LEFT ZMC FRACTURE

Free Text A&P:

30 y/o M, MVC as restrained passenger

5/17/19

L ZMA fx, L coronoid process mandible fx

- o OMFS cs (Press)
- o Ice to face
- o Elevate head of bed
- o Pain control
- o Keep NPO except meds with IVF for possible OR

Health Maintenance

- o Reports no home meds

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:11

Patient: WICHERT, BRANDON
Unit#: G000994703
Date: 05/17/19
Acct#: G00628329410

- o Encourage IS
- o Bowel regimen
- o DVT proph: scds, hold chemical for possible OR facial procedure

Dispo: admit to med surg floor

Luftman, Kevin M. 05/17/19 0655:

Diagnosis, Assessment & Plan

Additional comments:

I was at bedside participating in the evaluation and clinical management of the patient. I interviewed and examined this patient on the day of admission.

I have ensured the accuracy of the content of this History and Physical, including the chief complaint, history of present illness, past medical history, past surgical history, family history, social history and review of systems. I have the following exceptions to the note above: none

I also personally examined this patient and I have ensured the accuracy of the NP/PA physical exam. I have the following exceptions to the note above: none

I can attest to the above History and Physical which contains my decision-making as stated in the Assessment & Plan with the following additions: none.

Isolated facial fractures following a MVC. Facial surgery notified. Patient cleared for OR

Electronically Signed by Moulding, Lana Alyse PA on 05/17/19 at 0637
Electronically Signed by LUFTMAN, KEVIN M MD on 05/18/19 at 0023

RPT #: 0517-0041
END OF REPORT

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RUN DATE: 05/19/19 SKYLINE MEDICAL CENTER PAGE 1
 RUN TIME: 0201 3441 DICKERSON BLVD., NASHVILLE, TN 37207
 Taylor L. Hartley MD, MPH
 SKYLINE MEDICAL CENTER DISCHARGE SUMMARY REPORT

PATIENT: WICHERT, BRANDON ACCT#: G00528329410 LOC: G.6 U#: G000994703
 AGE/SEX: 30/M ROOM: G.629 REG: 05/17/19
 REG DR: LUFTHAN, KEVIN M MD STATUS: DIS INO BED: A DIS: 05/18/19

*****COMPLETE BLOOD COUNT*****

Date	Time	WBC (4.3-11.0) K/mm3	RBC (4.0-5.6) M/mm3	HGB (12.5-16.5) G/dL	HCT (35.5-49.5) %
>>05/17/19	0301	9.0	4.95	15.2	43.7

Date	Time	MCV (80-100) fL	MCH (26-32) pg	MCHC (31-36) g/dL	RDW-SD (37-54) fL
>>05/17/19	0301	88.3	30.7	34.8	38.4

Date	Time	PLT (150-375) K/mm3	MPV (9.4-12.3) fL	NEUTROPHIL % %	LYMPH % %
>>05/17/19	0301	296	9.1 L	51.2	40.2

Date	Time	MONO % %	EOS % %	BASO % %	NEUT# (2.05-6.8) K/mm3
>>05/17/19	0301	6.3	1.5	0.6	4.63

Date	Time	LYMPH # (1.5-4.0) K/mm3	MONO # (0.22-0.950) K/mm3	EOS # (0.03-0.86) K/mm3	BASO # (0.0-0.160) K/mm3
>>05/17/19	0301	3.63	0.57	0.14	0.05

Patient: WICHERT, BRANDON Age/Sex: 30/M Acct#G00528329410 Unit#G000994703

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RUN DATE: 05/19/19 SKYLINE MEDICAL CENTER PAGE 2
 RUN TIME: 0201 3441 DICKERSON PIKE, NASHVILLE, TN 37207
 Taylor L. Bartley MD, MPH
 SKYLINE MEDICAL CENTER DISCHARGE SUMMARY REPORT

Patient: WICHERT, BRANDON #000628329410 (Continued)

*****CHEMISTRY*****

Date	Time	NA (135-146) mEq/L	K (3.5-5.1) mEq/L	CL (95-108) mEq/L	CO2 (20-32) mEq/L
>>05/17/19	0301	143	3.7	109 #	27

Date	Time	ANION GAP (4-14)	GLUCOSE (70-110) mg/dL	BUN (7-25) mg/dL	CREATININE (0.70-1.40) mg/dL
>>05/17/19	0301	7	104 (A)	15	1.01

(A) Venipuncture should occur prior to sulfasalazine administration due to the potential for falsely depressed results. Venipuncture should occur prior to sulfapyridine administration due to the potential for falsely elevated results.

Date	Time	GFR NON AFR AM	GFR AFRICAN AM	* PROT (6.0-8.5) g/dL	ALBUMIN (3.5-5.0) gm/dL
>>05/17/19	0301	>90	>90 (B)	7.4	4.2

(B) Units of measure: ml/min/1.73 m2

Reference Range:

Healthy Adults >90 ml/min/1.73m2

For Chronic Kidney Disease:

Stage II	Mild Decrease in GFR	60-90
Stage III	Moderate Decrease in GFR	30-59
Stage IV	Severe Decrease in GFR	15-29
Stage V	Kidney Failure	<15

Patient: WICHERT, BRANDON Age/Sex: 30/M Acct#000628329410 Unit#0000994703

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RUN DATE: 05/19/19 SKYLINE MEDICAL CENTER PAGE 3
 RUN TIME: 0201 3441 DICKERSON PIKE, NASHVILLE, TN 37207
 Taylor L. Bartley MD, MPH
 SKYLINE MEDICAL CENTER DISCHARGE SUMMARY REPORT

Patient: WICHERT, BRANDON #000628329410 (Continued)

*****CHEMISTRY (continued)*****

Date	Time	CALCIUM (8.5-10.3) mg/dL	BILIRUBIN TOTAL (0-1.3) mg/dL	AST (SGOT) (0-42)	ALT (SGPT) (13-65)
>>05/17/19	0301	8.4 L	0.2	26(C)	47(F)

- (C) See (D), (E)
 (D) Venipuncture should occur prior to sulfasalazine and/or sulfapyridine administration due to the potential for falsely depressed results.
 (E) International Units/L
 (F) See (G), (H)
 (G) Venipuncture should occur prior to sulfasalazine and/or sulfapyridine administration due to the potential for falsely depressed results.

Date	Time	ALK PHOS (45-117)
>>05/17/19	0301	59(H)

- (H) See (I), (J)
 (I) ALP Activity increases in females in the last trimester of pregnancy and after menopause.
 Children under the age of 18 have considerably higher normal ranges---age dependant.
 (J) International Units/L

Patient: WICHERT, BRANDON Age/Sex: 30/M Acct#000628329410 Unit#G000994703

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RUN DATE: 05/19/19 SKYLINE MEDICAL CENTER PAGE 4
 RUN TIME: 0201 3441 DICKERSON PIKE, NASHVILLE, TN 37207
 Taylor L. Hartley MD.MPH
 SKYLINE MEDICAL CENTER DISCHARGE SUMMARY REPORT

Patient: WICHERT, BRANDON #G00628329410 (Continued)

*****CHEMISTRY (continued)*****

*****TOXICOLOGY*****

Date	Time	ALCOHOL (0-10) mg/dL
>>05/17/19	0301	240 (K) N

(K) 0-10 mg/dL indicates no clinical or legal adverse effects

80 mg/dL corresponds to 0.08 which is the legal definition of intoxication in the state of Tennessee.

Test	Date	Time	Result	Reference	Units	Var Date/Time
>>POC WA	05/17/19	0302	145 (a)	(135-145)	mEq/L	05/17/19 0306
>>POC K+	05/17/19	0302	3.8 (a)	(3.5-5.1)	mEq/L	05/17/19 0306
>>POC CL	05/17/19	0302	104 (a)	(95-108)	mEq/L	05/17/19 0306
>>POC CO2	05/17/19	0302	27 (a)	(20-32)	mEq/L	05/17/19 0306
>>POC CA IONIZED	05/17/19	0302	1.10 (a) L	(1.13-1.32)	mmol/L	05/17/19 0306
>>POC GLU ISLAT	05/17/19	0302	109 (a)	(70-110)	mg/dL	05/17/19 0306
>>POC BUN	05/17/19	0302	14 (a)	(7-25)	mg/dL	05/17/19 0306
>>POC CREAT	05/17/19	0302	1.2 (a)	(0.70-1.40)	mg/dL	05/17/19 0306
>>POC HGB	05/17/19	0302	15.6 (a)	(12.5-16.5)	g/dL	05/17/19 0306
>>POC HCT	05/17/19	0302	46.0 (a)	(35.5-49.5)	%	05/17/19 0306

Microbiology Specimen Summary

Col	Date	Time	Specimen #	Source	Sp Desc	P/T	Organisms ...
>	05/17/19	0953	19:HV:D04182510	NASAL SWAB		F	<none>

NOTES: (a) SKYLINE MEDICAL CENTER
 SKYLINE MEDICAL CENTER
 3441 DICKERSON ROAD, NASHVILLE, TN 37207
 TAYLOR L. HARTLEY MD.MPH

Patient: WICHERT, BRANDON Age/Sex: 30/M Acct#G00628329410 Unit#G000994703

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

RUN DATE: 05/19/19 SKYLINE MEDICAL CENTER PAGE 5
 RUN TIME: 0201 3441 DICKERSON PIKE, NASHVILLE, TN 37207
 Taylor L. Hartley MD,MSH
 SKYLINE MEDICAL CENTER DISCHARGE SUMMARY REPORT

Patient: WICHERT, BRANDON #G00628329410 (Continued)

*****BACTERIOLOGY*****

MRSA SURVEILLANCE SCREEN Final 05/18/19
 19:NV:BG4182510 COMP, Coll: 05/17/19-0953 Recd: 05/17/19-1017 (R#06769901) LUTERIAN, KEVIN M
 Source: NASAL SWAB Spcg Descd:
 Ordered: MRSA SUR SCREEN

MRSA Screen Negative

CANCELLED SPECIMENS

0517:NV:C003048 CAN, Coll: 05/17/19-0256 Recd: - (R#06769648) Radford, Jacob R
 Ordered: ALCOHOL
 Comment: DUP. SKC C303

Patient: WICHERT, BRANDON Age/Sex: 30/M Acct#G00628329410 Unit#G000994703

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

SKYLINE MEDICAL CENTER	Name: WICHERT, BRANDON
3441 DICKERSON PIKE	Phys: Radford, Jacob R MD
NASHVILLE TENNESSEE 37207	DOB: 01/19/1989 Age: 30 Sex: M
MEDICAL IMAGING	Acct: G00628329410 Loc: G.ER
PHONE #: 615-769-2400	Exam Date: 05/17/2019 Status: REG ER
FAX #: 615-769-2447	Radiology No:
	Unit No: G000994703

EXAMS:
002976630 CT HEAD W/O CONTRAST 70450

NONCONTRAST CT HEAD

DATE: 5/17/2019 2:56 AM.

HISTORY: TRA - Head Trauma MVC

COMPARISON: None

TECHNIQUE: Noncontrast CT was performed of the head.

Per CMS specifications, dose optimization techniques including at least one of the following were performed, as appropriate: Automated exposure control, adjustment of the mA and/or kV according to the patient's size, use of iterative reconstruction techniques.

FINDINGS:

There is no acute intracranial hemorrhage.

The ventricles, cisterns and sulci are normal in size, shape and symmetry with no midline shift, hydrocephalus or mass effect. There is normal differentiation of the gray and white matter.

There is no acute depressed skull fracture.

Multiple acute maxillofacial injuries including left orbital wall and left zygomatic fractures are partially visualized.

IMPRESSION:

1. No acute intracranial abnormality.
2. Multiple acute maxillofacial injuries including left orbital wall and left zygomatic fractures are partially visualized. Please see dedicated CT of the maxillofacial structures performed concurrently on today's date for further evaluation.

** Electronically Signed by M.D. SCOTT H. LONG **
** on 05/17/2019 at 0402 **
Reported and signed by: SCOTT H. LONG, M.D.

PAGE 1

Signed Report

(CONTINUED)

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

SKYLINE MEDICAL CENTER	Name: WICHERT, BRANDON
3441 DICKERSON PIKE	Phys: Radford, Jacob R MD
NASHVILLE TENNESSEE 37207	DOB: 01/19/1989 Age: 30 Sex: M
MEDICAL IMAGING	Acct: G00628329410 Loc: G.ER
PHONE #: 615-769-2400	Exam Date: 05/17/2019 Status: REG ER
FAX #: 615-769-2447	Radiology No:
	Unit No: G000994703

EXAMS:
002976630 CT HEAD W/O CONTRAST 70450

<Continued>

CC: Jacob R Radford MD

Technologist: LINDSAY TAYLOR RT(R) (CT)
Transcribed Date/Time: 05/17/2019 (0359)
Electronic Signature Date/Time: 05/17/2019 (0402)
Orig Print D/T: S: 05/17/2019 (0404) BATCH NO: N/A

PAGE 2

Signed Report

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

SKYLINE MEDICAL CENTER
3441 DICKERSON PIKE
NASHVILLE TENNESSEE 37207
MEDICAL IMAGING
PHONE #: 615-769-2400
FAX #: 615-769-2447

Name: WICHERT, BRANDON
Phys: Radford, Jacob R MD
DOB: 01/19/1989 Age: 30 Sex: M
Acct: G00628329410 Loc: G.ER
Exam Date: 05/17/2019 Status: REG ER
Radiology No:
Unit No: G000994703

EXAMS:

002976633 CT LEV 2 CHST/ABD/PELV T/L SPI

EXAM:

CT Chest With Contrast
CT Abdomen and Pelvis With Contrast

EXAM DATE/TIME:

5/17/2019 2:56 AM

CLINICAL HISTORY:

30 years old, male; Injury or trauma; Patient HX: Per EMS: PT unrestrained passenger in MVC. EMS reports. Significant damage. PT C/O left jaw and head pain. ETOH on board. PT alert and oriented. Crying. PT not answering questions. Swelling noted to left side of face. 100ml iso 300.

TECHNIQUE:

Imaging protocol: Axial computed tomography images of the chest, abdomen and pelvis with intravenous contrast. Coronal and sagittal reformatted images were created and reviewed.

Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction.

Contrast material: 300 ISO; Contrast volume: 100 ml; Contrast route: IV;

COMPARISON:

No relevant prior studies available.

FINDINGS:

Dependent atelectatic changes in the posterior lungs. Lungs are otherwise clear. No pleural or pericardial effusion. No evidence of pneumothorax. Mediastinal structures are grossly normal. No evidence of thoracic

aortic injury. No evidence of displaced rib fracture. Thoracic spine and sternum appear intact.

PAGE 1

Signed Report

(CONTINUED)

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

SKYLINE MEDICAL CENTER
 3441 DICKERSON PIKE
 NASHVILLE TENNESSEE 37207
 MEDICAL IMAGING
 PHONE #: 615-769-2400
 FAX #: 615-769-2447

Name: WICHERT, BRANDON
 Phys: Radford, Jacob R MD
 DOB: 01/19/1989 Age: 30 Sex: M
 Acct: G00628329410 Loc: G.ER
 Exam Date: 05/17/2019 Status: REG ER
 Radiology No:
 Unit No: G000994703

EXAMS:
 002976633 CT LEV 2 CHST/ABD/PELV T/L SPI

<Continued>

The liver, spleen, pancreas and adrenals are grossly normal. Gallbladder is normally distended with no evidence of calcified gallstones.

Kidneys demonstrate symmetric function. No focal parenchymal abnormalities or obstructive uropathy.

Abdominal aorta is normal in caliber with no evidence of aneurysmal dilatation or injury.

Small and large bowel loops are grossly normal. There is no evidence of enteric obstruction or injury. There is a normal appendix.

Pelvic organs are grossly normal. No free fluid in the abdomen or pelvis.

Visualized osseous structures are grossly normal for age.

IMPRESSION:

No acute thoracic process. No evidence of thoracic aortic injury or pneumothorax.

No acute intra-abdominal or pelvic process. No evidence of solid organ injury.

Additional nonemergent findings as described above.

=====

EXAM:

CT Thoracic Spine With Contrast

EXAM DATE/TIME:
 5/17/2019 2:56 AM

CLINICAL HISTORY:

30 years old, male; Injury or trauma; Patient HX: Per EMS: PT unrestrained passenger in MVC. EMS reports. Significant damage. PT C/O left jaw and head pain. ETOH on board. PT alert and oriented. Crying. PT not answering questions. Swelling noted to left side of face. 100ml iso 300.

PAGE 2

Signed Report

(CONTINUED)

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

SKYLINE MEDICAL CENTER
3441 DICKERSON PIKE
NASHVILLE TENNESSEE 37207
MEDICAL IMAGING
PHONE #: 615-769-2400
FAX #: 615-769-2447

Name: WICHERT, BRANDON
Phys: Radford, Jacob R MD
DOB: 01/19/1989 Age: 30 Sex: M
Acct: G00628329410 Loc: G.ER
Exam Date: 05/17/2019 Status: REG ER
Radiology No:
Unit No: G000994703

EXAMS:
002976633 CT LEV 2 CHST/ABD/PBLW T/L SPI

<Continued>

TECHNIQUE:

Imaging protocol: Axial computed tomography images of the thoracic spine with intravenous contrast. Coronal and sagittal reformatted images were created and reviewed.

Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction.

Contrast material: 300 ISO; Contrast volume: 100 ml; Contrast route: IV;

COMPARISON:

No relevant prior studies available.

FINDINGS:

There is mild straightening of the normal thoracic kyphosis. Slight dextrocurvature of the mid thoracic spine. This is likely positional. There is no significant curvature or scoliosis. Thoracic vertebral body

heights are maintained. Disc spaces are maintained. No AP malalignment. Posterior elements and facets are intact. Intact neural rings are identified from T1-T12. No evidence of acute fracture.

IMPRESSION:

No acute fracture or traumatic AP malalignment in the thoracic spine.

EXAM:

CT Lumbar Spine With Contrast

EXAM DATE/TIME:

5/17/2019 2:56 AM

CLINICAL HISTORY:

30 years old, male; Injury or trauma; Patient HX: Per EMS: PT

PAGE 3

Signed Report

(CONTINUED)

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

SKYLINE MEDICAL CENTER
3441 DICKERSON PIKE
NASHVILLE TENNESSEE 37207
MEDICAL IMAGING
PHONE #: 615-769-2400
FAX #: 615-769-2447

Name: WICHERT, BRANDON
Phys: Radford, Jacob R MD
DOB: 01/19/1989 Age: 30 Sex: M
Acct: G00628329410 Loc: G.ER
Exam Date: 05/17/2019 Status: REG ER
Radiology No:
Unit No: G000994703

EXAMS:

002976633 CT LEV 2 CHST/ABD/PBLW T/L SPI

<Continued>

unrestrained
passenger in MVC. EMS reports. Significant damage. PT C/O left jaw and
head
pain. ETOH on board. PT alert and oriented. Crying. PT not answering
questions.
Swelling noted to left side of face. 100ml iso 300.

TECHNIQUE:

Imaging protocol: Axial computed tomography images of the lumbar
spine with
intravenous contrast. Coronal and sagittal reformatted images were
created and
reviewed.

Radiation optimization: All CT scans at this facility use at least
one of
these dose optimization techniques: automated exposure control; mA

and/or kV

adjustment per patient size (includes targeted exams where dose is
matched to
clinical indication); or iterative reconstruction.

Contrast material: 300 ISO; Contrast volume: 100 ml; Contrast route:
IV;

COMPARISON:

No relevant prior studies available.

FINDINGS:

There are 5 lumbar-type vertebral bodies. There is mild straightening
of the
normal lumbar lordosis which may be positional. Lumbar vertebral body
heights
are maintained. Disc spaces are maintained. There is no AP
malalignment.
Posterior elements and facets appear intact.

On axial sequences, intact neural rings are identified from L1-S1.
No
evidence of acute fracture. Visualized sacroiliac joints and sacrum
are intact.

IMPRESSION:

No acute fracture or traumatic AP malalignment within the lumbar
spine.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY JAMES FALISZEK MD

PAGE 4

Signed Report

(CONTINUED)

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

SKYLINE MEDICAL CENTER	Name: WICHERT, BRANDON
3441 DICKERSON PIKE	Phys: Radford, Jacob R MD
NASHVILLE TENNESSEE 37207	DOB: 01/19/1989 Age: 30 Sex: M
MEDICAL IMAGING	Acct: G00628329410 Loc: G.ER
PHONE #: 615-769-2400	Exam Date: 05/17/2019 Status: REG ER
FAX #: 615-769-2447	Radiology No:
	Unit No: G000994703

EXAMS:
002976633 CT LEV 2 CHST/AED/PELW T/L SPI

<Continued>

** Electronically Signed by James Faliszek MD on 05/17/2019 at 0433 **
Reported and signed by: James Faliszek, MD

CC: Jacob R Radford MD

Technologist: LINDSAY TAYLOR RT(R) (CT)
Transcribed Date/Time: 05/17/2019 (0433)
Electronic Signature Date/Time: 05/17/2019 (0433)
Orig Print D/T: S: 05/17/2019 (0435)
BATCH NO: N/A

PAGE 5

Signed Report

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

SKYLINE MEDICAL CENTER
3441 DICKERSON PIKE
NASHVILLE TENNESSEE 37207
MEDICAL IMAGING
PHONE #: 615-769-2400
FAX #: 615-769-2447

Name: WICHERT, BRANDON
Phys: Radford, Jacob R MD
DOB: 01/19/1989 Age: 30 Sex: M
Acct: G00628329410 Loc: G.ER
Exam Date: 05/17/2019 Status: REG ER
Radiology No:
Unit No: G000994703

EXAMS:
002976631 CT MAXILLO-FACE W/O CON 70486

EXAM:
CT Maxillofacial Without Contrast

EXAM DATE/TIME:
5/17/2019 2:56 AM

CLINICAL HISTORY:
30 years old, male; Injury or trauma; Patient HX: Per EMS: PT unrestrained passenger in MVC. EMS reports. Significant damage. PT C/O left jaw and head pain. ETOH on board. PT alert and oriented. Crying. PT not answering questions. Swelling noted to left side of face. ; Additional info: MVC, left face pain

TECHNIQUE:
Imaging protocol: Axial computed tomography images of the face without intravenous contrast. Coronal and sagittal reformatted images were created and reviewed.
Radiation optimization: All CT scans at this facility use at least one of these dose optimization techniques: automated exposure control; mA and/or kV adjustment per patient size (includes targeted exams where dose is matched to clinical indication); or iterative reconstruction.

COMPARISON:
None currently available.

FINDINGS: Comminuted, buckled in depressed left zygomatic arch fractures.
Comminuted and significantly displaced fractures of the anterior and lateral walls of the left maxillary sinus. Fracture of the floor of the left orbit, the depressed fracture fragment is displaced about 3 mm. No herniated fat

although the inferior rectus muscle courses over a fracture fragment.

Displaced fractures of the lateral wall of the left orbit. Mild deformity of the medial walls of both orbits/lamina papyracea, uncertain if this is

PAGE 1

Signed Report

(CONTINUED)

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

SKYLINE MEDICAL CENTER
3441 DICKERSON PIKE
NASHVILLE TENNESSEE 37207
MEDICAL IMAGING
PHONE #: 615-769-2400
FAX #: 615-769-2447

Name: WICHERT, BRANDON
Phys: Radford, Jacob R MD
DOB: 01/19/1989 Age: 30 Sex: M
Acct: G00628329410 Loc: G.ER
Exam Date: 05/17/2019 Status: REG ER
Radiology No:
Unit No: G000994703

EXAMS:
002976631 CT MAXILLO-FACE W/O CON 70486

<Continued>

an acute
or chronic finding. Both globes appear intact. No stranding or
hematoma in
the post septal fat. No proptosis. Fracture of the left coronoid
process of
the mandible. Fluid/blood partially fills the left maxillary sinus.
Mild
mucosal thickening in a few left ethmoid air cells. The remainder of
the
facial sinuses appear well-aerated. The mastoid air cells and middle
ears are
well aerated.

IMPRESSION:

Comminuted and displaced left zygomaticomaxillary complex fractures
as above.

Mild deformity of the lamina papyracea bilaterally, probably chronic
on the
left, unknown age on the right. Both globes appear intact, no
stranding or
hematoma in the post septal fat. Fracture of the left coronoid
process of the
mandible.

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY ROBERT MORLEY DO

** Electronically Signed by Robert Morley DO on 05/17/2019 at 0438 **
Reported and signed by: Robert Morley, DO

CC: Jacob R Radford MD

Technologist: LINDSAY TAYLOR RT(R) (CT)
Transcribed Date/Time: 05/17/2019 (0438)
Electronic Signature Date/Time: 05/17/2019 (0438)
Orig Print D/T: S: 05/17/2019 (0440)

BATCH NO: N/A

PAGE 2

Signed Report

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

SKYLINE MEDICAL CENTER	Name: WICHERT, BRANDON
3441 DICKERSON PIKE	Phys: Radford, Jacob R MD
NASHVILLE TENNESSEE 37207	DOB: 01/19/1989 Age: 30 Sex: M
MEDICAL IMAGING	Acct: G00628329410 Loc: G.ER
PHONE #: 615-769-2400	Exam Date: 05/17/2019 Status: REG ER
FAX #: 615-769-2447	Radiology No:
	Unit No: G000994703

EXAMS:
002976641 CT RECON 3D IND WORK 76377

Additional 3-D reformatted images of the maxillofacial structures were generated using a bone algorithm. These views were requested by the clinical team caring for this patient and were obtained for medical necessity. These views confirm the findings of the axial, coronal, and sagittal CT images. Refer to accession number COCNV002976631.

** Electronically Signed by M.D. SCOTT H. LONG **
** on 05/17/2019 at 0459 **
Reported and signed by: SCOTT H. LONG, M.D.

CC: Jacob R Radford MD

Technologist: LINDSAY TAYLOR RT(R) (CT)

Transcribed Date/Time: 05/17/2019 (0458)

Electronic Signature Date/Time: 05/17/2019 (0459)

Orig Print D/T: S: 05/17/2019 (0501)

BATCH NO: N/A

PAGE 1

Signed Report

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

SKYLINE MEDICAL CENTER
3441 DICKERSON PIKE
NASHVILLE TENNESSEE 37207
MEDICAL IMAGING
PHONE #: 615-769-2400
FAX #: 615-769-2447

Name: WICHERT, BRANDON
Phys: Radford, Jacob R MD
DOB: 01/19/1989 Age: 30 Sex: M
Acct: G00628329410 Loc: G.ER
Exam Date: 05/17/2019 Status: REG ER
Radiology No:
Unit No: G000994703

EXAMS:

002976632 CT SPINE CERV W/O CON 72125

CT CERVICAL SPINE

DATE: 5/17/2019 2:56 AM

HISTORY: MVC MVC

COMPARISON: None

TECHNIQUE: CT was performed of the cervical spine, with axial, coronal, and sagittal reformatted images.

Per CMS specifications, dose optimization techniques including at least one of the following were performed, as appropriate: Automated exposure control, adjustment of the mA and/or kV according to the patient's size, use of iterative reconstruction techniques.

FINDINGS:

There is no acute fracture or subluxation. The cervical vertebral body heights and disc spaces are well-maintained. There is straightening of the normal cervical lordosis. Alignment is otherwise within normal limits. There is no evidence of central canal or neuroforaminal stenosis.

There is an acute, moderately displaced fracture involving the coronoid process of the left mandible. Multiple acute fractures involving the left orbit, left maxillary sinus, left zygoma are also partially visualized. Please see dedicated CT of the maxillofacial structures performed concurrently on today's date for further evaluation.

The prevertebral soft tissues are within normal limits. The thyroid gland is normal.

IMPRESSION:

1. No acute fracture or subluxation of the cervical spine.
2. Straightening of the normal cervical lordosis, likely positional in nature or possibly representing underlying chronic microvascular ischemia.

PAGE 1

Signed Report

(CONTINUED)

OneContent: Generated By HCA\NAL8424 Generated On: 01/06/2020 11:12

SKYLINE MEDICAL CENTER	Name: WICHERT, BRANDON
3441 DICKERSON PIKE	Phys: Radford, Jacob R MD
NASHVILLE TENNESSEE 37207	DOB: 01/19/1989 Age: 30 Sex: M
MEDICAL IMAGING	Acct: G00628329410 Loc: G.ER
PHONE #: 615-769-2400	Exam Date: 05/17/2019 Status: REG ER
FAX #: 615-769-2447	Radiology No:
	Unit No: G000994703

EXAMS:
002976632 CT SPINE CERV W/O CON 72125

<Continued>

** Electronically Signed by M.D. SCOTT H. LONG **
** on 05/17/2019 at 0428 **
Reported and signed by: SCOTT H. LONG, M.D.

CC: Jacob R Radford MD

Technologist: LINDSAY TAYLOR RT(R) (CT)
Transcribed Date/Time: 05/17/2019 (0422)
Electronic Signature Date/Time: 05/17/2019 (0428)
Orig Print D/T: S: 05/17/2019 (0430) BATCH NO: N/A

PAGE 2

Signed Report

PATIENT
BRANDON WICHERT
DOB 01/19/1989
AGE 30 yrs
SEX Male
PRN WB850881

H N/A
M 4059386125
W N/A
E N/A
6400 NW EXPRESSWAY
APT 734
OKLAHOMA CITY, OK 73132

MIND AND BODY MEDICAL CLINIC
T 405-285-4755
F N/A
2216 NW 164TH ST
SUITE A
EDMOND, OK 73013

Referrals/Response Letter

To: Ryan Bisher Ryan Simons Att
From: Kalea Dutton
Sent: 01/07/2020 09:45:07
Subject: Patient Referral
Regarding: Brandon Wichert

As always, if there are specific questions you would like to discuss, please feel free to contact me.

Sincerely,

Dustin Rosenhamer M.D.

Diagnoses

TYPE	CODE	DESCRIPTION	START/STOP
ICD-10	G43.919	Migraine, unspecified, intractable, without status migrainosus	N/A -
ICD-10	F07.81	Postconcussional syndrome	N/A -
ICD-10	G44.309	Post-traumatic headache, unspecified, not intractable	N/A -
ICD-10	M54.2	Cervicalgia	N/A -

Active Medications for Brandon Wichert

MEDICATION	SIG	START/STOP	ASSOCIATED DX
Tylenol 325 MG Oral Tablet - Acetaminophen Oral Tablet 325 MG	Two tabs once daily	N/A -	
Ibuprofen 800 MG Oral Tablet - Ibuprofen Oral Tablet 800 MG	PRN	N/A -	
Gabapentin 600 MG Oral Tablet - Gabapentin Oral Tablet 600 MG	Take 1 tablet (600 mg) by mouth daily at bedtime	N/A -	
Ondansetron HCl 4 MG Oral Tablet - Ondansetron HCl Oral Tablet 4 MG	Take 1 tablet (4 mg) by mouth every 8 hours as needed for nausea	N/A -	

DRUG ALLERGY

ONSET

Anesthesia S/I-40
✗ Moderate allergy - active

Unknown

Encounter - 07/25/2019

SEEN BY		SEEN ON	
Dustin Rosenhamer		07/25/2019	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
70.0 in	190.0 lbs	27.3	135/89
TEMP	PULSE	RESP RATE	HEAD CIRC
99.0 F	66.0 bpm	N/A	N/A
CC			

headache after head injury (Appt time: 1:00 PM) (Arrival time: 12:53 PM)

S

Brandon Wichert is a 30 yrs male who presents after an injury while at work. He was able to provide his medical history and events around their injury. He reports that on 5/16/19 he was the passenger in a MVA while another employee was the driver. The accident occurred in Tennessee while reporting to a job site. The driver ran a red light which resulted in them getting t-boned by a moving vehicle. He reports loss of consciousness but denies knowing for how long. He was then transported via ambulance to ER where he was found to have a left maxillary/zygomatic arch fracture. He then traveled back to Oklahoma where he had surgical repair, ORIF of left zygomatic arch, on 5/30/19 in OKC with Oral & Maxiofacial Associates. He continues to follow up with his surgeon at the this time. Associated symptoms the time of event include: headache and disorientation. He reports he has been having daily headaches since his injury. He states they start on the left side and radiate to the back of his head. He states they are throbbing, sharp, and aching in nature. He states his pain ranges from a 2 to 7 out of 10 on the pain scale. When his pain is the worst he states he has to sit in a quiet, dark room to help with his symptoms. He denies any vision or hearing loss, coordination difficulties, seizures, or PMH of concussions, seizures, or migraines. He reports taking OTC NSADs for pain.

Currently, Brandon Wichert reports

Associated symptoms include: headaches, vertigo, nausea, sensitivity to light and noise, sleep disturbances, and slurred speech.

Brandon Wichert reports he has worked as a construction/glass repair worker for 1 years. He reports he has been back to work since the accident. He states that going back to work was difficult with the headaches due to the loud construction work. He denies any prior history of on the job injuries.

Brandon Wichert past medical, family and social history was reviewed and verified with Brandon Wichert /family and the medical record was updated as indicated.

REVIEW OF SYSTEMS:

CONSTITUTIONAL: No weight loss, fever, chills, weakness or fatigue.

HEENT: Eyes: No visual loss, blurred vision, double vision or yellow sclerae. Ears, Nose, Throat: No hearing loss, sneezing, congestion, runny nose or sore throat.

SKIN: No rash or itching.

CARDIOVASCULAR: No chest pain, chest pressure or chest discomfort. No palpitations or edema.

RESPIRATORY: No shortness of breath, cough or sputum.

GASTROINTESTINAL: No anorexia, + nausea, vomiting or diarrhea. No abdominal pain or blood.

GENITOURINARY: No burning on urination. No frequency. No hesitancy.

NEUROLOGICAL: No + headache, + dizziness, syncope, paralysis, ataxia, numbness or tingling in the extremities. No change in bowel or bladder control.

MUSCULOSKELETAL: No muscle, + back pain, joint pain or stiffness.

HEMATOLOGIC: No anemia, bleeding or bruising.

LYMPHATICS: No enlarged nodes. No history of splenectomy.

PSYCHIATRIC: No history of depression or anxiety.

ENDOCRINOLOGIC: No reports of sweating, cold or heat intolerance. No polyuria or polydipsia.

ALLERGIES: No history of asthma, hives, eczema or rhinitis.

O

Physical Exam:

GEN: NAD, pleasant, cooperative, well nourished

CVS: Regular Rate and Rhythm, No murmurs

CHEST: No signs of resp distress, on room air

MENTAL STATUS: AAOx3, memory intact, fund of knowledge appropriate

LANG/SPEECH: Naming and repetition intact, fluent, follows 3-step commands

CRANIAL NERVES:

II: Pupils equal and reactive, no RAPD, no VF deficits.

III, IV, VI: EOM intact, no gaze preference or deviation, no nystagmus.

V: normal sensation in V1, V2, and V3 segments bilaterally

VII: no asymmetry, no nasolabial fold flattening

VIII: normal hearing to speech

IX, X: normal palatal elevation, no uvular deviation

XI: 5/5 head turn and 5/5 shoulder shrug bilaterally

XII: midline tongue protrusion

MOTOR:

5/5 muscle power in Rt shoulder abductors/adductors, elbow flexors/extensors, wrist flexors/extensors, finger abductors/adductors. 5/5 in Rt hip flexors/extensors, knee flexors/extensors, ankle dorsiflexors and planter flexors.

5/5 muscle power in Lt shoulder abductors/adductors, elbow flexors/extensors, wrist flexors/extensors, finger abductors/adductors. 5/5 in Lt hip flexors/extensors, knee flexors/extensors, ankle dorsiflexors and planter flexors.

REFLEXES: 2/4 throughout, bilateral flexor planter response, no Hoffman's, no clonus

SENSORY:

Normal to touch, pinprick, vibration, temp all limbs
 No hemineglect, no extinction to double sided stimulation (visual & tactile)
 Romberg absent
 COORD: Normal finger to nose and heel to shin, no tremor, no dysmetria
 STATION: normal stance, no truncal ataxia
 GAIT: Normal; patient able to tip-toe, heel-walk.

Operative Report and CT reports reviewed

A

30y M presents with headaches following a head injury. His headaches appear to be of the migraine type and occurring daily.

DIAGNOSIS:

Intractable migraine [ICD-10: G43.919], [ICD-9: 346.90], [SNOMED: 423894005]
 Post-concussion syndrome [ICD-10: F07.81], [ICD-9: 310.2], [SNOMED: 40425004]
 Post traumatic headache [ICD-10: G44.309], [ICD-9: 339.20], [SNOMED: 54012000]

P

starting gabapentin 600mg hs for migraine prophylaxis
 Pain Management with NSADS OK for now
 stretching exercises to neck and shoulders
 MMI likely in 3-6 months
 CCF5 provided
 follow up in 4 weeks

I have spent 60 minutes in the care, evaluation and treatment of Brandon Wichert. The patient and family were counseled about diagnosis, prognosis and treatment plan related to this injury. Medications were reviewed, evaluated for risk/benefit and management was discussed. All questions and concerns were addressed to the patient and family satisfaction.

The medical evaluation, assessments and plan noted above are all stated within a reasonable degree of medical certainty. I declare under penalty of perjury that I have examined this report and all statements contained herein and to the best of my knowledge and belief are true, correct and complete.

SIGNED BY

SIGNED ON

Dustin Rosenhamer

07/25/2019

Encounter - 08/21/2019

SEEN BY

SEEN ON

Dustin Rosenhamer

08/21/2019

HEIGHT

WEIGHT

BMI

BLOOD PRESSURE

N/A

N/A

N/A

129/74

TEMP

PULSE

RESP RATE

HEAD CIRC

97.1 F

71.0 bpm

N/A

N/A

CC

F/u headaches and neck pain (Appt time: 10:00 AM) (Arrival time: 9:51 AM)

S

Brandon Wichert reports symptoms have improved. He states that his headaches are averaging every other day rather than daily and average 2-3 and are more dull. He did have one severe headache when he forgot to take the medication. He states the photo and noise sensitivity have decreased. He noticed that he has had some GI issues recently (nausea with bowel movements) and some mood swings (that he can attribute to poor sleep when details were obtained). He continues to have the neck pain that he describes as a "pinch" but that the facial pains have improved but have not completely resolved. He has continued medications as listed. He reports he did some stretching of his neck and the symptoms improved but he quit and the symptoms returned. No new medications were started.

Past, Family and Social History reviewed and no change from prior encounter.

Pertinent ROS:

GASTROINTESTINAL: No anorexia, + nausea, vomiting or diarrhea. No abdominal pain or blood. +gastric slowing

NEUROLOGICAL: No + headache, + dizziness (resolved), syncope, paralysis, ataxia, numbness or tingling in the extremities. No change in bowel or bladder control.

MUSCULOSKELETAL: No muscle, + neck pain, joint pain or stiffness.

PSYCHIATRIC: No history of depression or anxiety. +mood swings

O

Physical Exam:

GEN: NAD, pleasant, cooperative, well nourished

CVS: Regular Rate and Rhythm, No murmurs
 CHEST: No signs of resp distress, on room air
 MENTAL STATUS: AAOx3, memory intact, fund of knowledge appropriate
 LANG/SPEECH: Naming and repetition intact, fluent, follows 3-step commands
 CRANIAL NERVES:

II: Pupils equal and reactive, no RAPD, no VF deficits.
 III, IV, VI: EOM intact, no gaze preference or deviation, no nystagmus.
 V: normal sensation in V1, V2, and V3 segments bilaterally
 VII: no asymmetry, no nasolabial fold flattening
 VIII: normal hearing to speech
 IX, X: normal palatal elevation, no uvular deviation
 XI: 5/5 head turn and 5/5 shoulder shrug bilaterally
 XII: midline tongue protrusion

MOTOR:

5/5 muscle power in Rt shoulder abductors/adductors, elbow flexors/extensors, wrist flexors/extensors, finger abductors/adductors. 5/5 in Rt hip flexors/extensors, knee flexors/extensors, ankle dorsiflexors and planter flexors.

5/5 muscle power in Lt shoulder abductors/adductors, elbow flexors/extensors, wrist flexors/extensors, finger abductors/adductors. 5/5 in Lt hip flexors/extensors, knee flexors/extensors, ankle dorsiflexors and planter flexors.

REFLEXES: 2+ throughout, bilateral flexor planter response, no Hoffman's, no clonus

SENSORY:

Normal to touch, pinprick, vibration, temp all limbs
 No hemineglect, no extinction to double sided stimulation (visual & tactile)
 Romberg absent
 COORD: Normal finger to nose and heel to shin, no tremor, no dysmetria
 STATION: normal stance, no truncal ataxia
 GAIT: Normal; patient able to tip-toe, heel-walk.

A

30y M presents with headaches following a head injury. His headaches appear to be of the migraine type and are improving in severity and frequency

DIAGNOSIS:

Cervicalgia [ICD-10: M54.2], [ICD-9: 723.1], [SNOMED: 81680005]

P

continue gabapentin 600mg hs for migraine prophylaxis
 Pain Management with NSADS OK
 zofran prn nausea
 stretching exercises to neck and shoulders
 MMI likely in 1 month
 CCF5 provided
 follow up in 4 weeks

I have spent 40 minutes in the care, evaluation and treatment of Brandon Wichert. The patient and family were counseled about diagnosis, prognosis and treatment plan related to this injury. Medications were reviewed, evaluated for risk/benefit and management was discussed. All questions and concerns were addressed to the patient and family satisfaction.

The medical evaluation, assessments and plan noted above are all stated within a reasonable degree of medical certainty. I declare under penalty of perjury that I have examined this report and all statements contained herein and to the best of my knowledge and belief are true, correct and complete.

SIGNED BY	SIGNED ON
Dustin Rosenhamer	08/21/2019

Encounter - 09/17/2019

SEEN BY	SEEN ON		
Dustin Rosenhamer	09/17/2019		
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
N/A	N/A	N/A	N/A
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	N/A	N/A	N/A

CC

Follow up migraine (Appt time: 9:30 AM) (Arrival time: 9:01 AM)

S

Brandon Wichert reports symptoms have improved. He states that his headaches are averaging much improved. He will occasionally have a sharp, shooting pain where his laceration and staples were. He will occasionally have some neck and upper back pain. He denies any cognitive problems, weakness, numbness. He had several questions regarding head injuries, concussion and CTE and were answered to his satisfaction. I told him other than occasional localized pain to his head injury site and possible migraines, I do not suspect he will have any other lasting issues.

Past, Family and Social History reviewed and no change from prior encounter.

Pertinent ROS:

GASTROINTESTINAL: No anorexia, no nausea, vomiting or diarrhea. No abdominal pain or blood. +gastric slowing
NEUROLOGICAL: No + headache, no dizziness, syncope, paralysis, ataxia, numbness or tingling in the extremities. No change in bowel or bladder control.
MUSCULOSKELETAL: No muscle, + neck pain, joint pain or stiffness.
PSYCHIATRIC: No history of depression or anxiety. no mood swings

O

Physical Exam:

GEN: NAD, pleasant, cooperative, well nourished
CVS: Regular Rate and Rhythm, No murmurs
CHEST: No signs of resp distress, on room air
MENTAL STATUS: AAOx3, memory intact, fund of knowledge appropriate
LANG/SPEECH: Naming and repetition intact, fluent, follows 3-step commands
CRANIAL NERVES:

II: Pupils equal and reactive, no RAPD, no VF deficits.
III, IV, VI: EOM intact, no gaze preference or deviation, no nystagmus.
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VII: no asymmetry, no nasolabial fold flattening
VIII: normal hearing to speech
IX, X: normal palatal elevation, no uvular deviation
XI: 5/5 head turn and 5/5 shoulder shrug bilaterally
XII: midline tongue protrusion

MOTOR:

5/5 muscle power in Rt shoulder abductors/adductors, elbow flexors/extensors, wrist flexors/extensors, finger abductors/adductors. 5/5 in Rt hip flexors/extensors, knee flexors/extensors, ankle dorsiflexors and planter flexors.

5/5 muscle power in Lt shoulder abductors/adductors, elbow flexors/extensors, wrist flexors/extensors, finger abductors/adductors. 5/5 in Lt hip flexors/extensors, knee flexors/extensors, ankle dorsiflexors and planter flexors.

REFLEXES: 2+ throughout, bilateral flexor planter response, no Hoffman's, no clonus

SENSORY:

Normal to touch, pinprick, vibration, temp all limbs
 No hemineglect, no extinction to double sided stimulation (visual & tactile)
 Romberg absent
COORD: Normal finger to nose and heel to shin, no tremor, no dysmetria
STATION: normal stance, no truncal ataxia
GAIT: Normal; patient able to tip-toe, heel-walk.

A

30y M presents with headaches following a head injury. His headaches appear to be of the migraine type and are improving in severity and frequency. I believe he has reached maximal medical improvement and may return to work at his regular duties. I do not believe he will have any lasting symptoms that would prohibit him from anything in the future.

P

continue gabapentin 600mg hs for migraine prophylaxis. He can follow up with his PCP for this or cal us to continue this medication for 6-12 months. If headaches are completely resolved can attempt a taper off the medication
 stretching exercises to neck and shoulders

MMI reached
 CCF5 provided

I have spent 30 minutes in the care, evaluation and treatment of Brandon Wichert. The patient and family were counseled about diagnosis, prognosis and treatment plan related to this injury. Medications were reviewed, evaluated for risk/benefit and managment was discussed. All questions and concerns were addressed to the patient and family satisfaction.

The medical evaluation, assessments and plan noted above are all stated within a reasonable degree of medical certainty. I declare under penalty of perjury that I have examined this report and all statements contained herein and to the best of my knowledge and belief are true, correct and complete.

SIGNED BY

SIGNED ON

Dustin Rosenhamer

09/17/2019

ADDENDUM

REFERRALS: Maribell Duran via Fax

PROVIDER NAME	SIGNED ON
Kelli Leek	09/17/2019
ADDENDUM	

REFERRALS: Argonaut WC INS via Fax

PROVIDER NAME	SIGNED ON
Kelli Leek	09/17/2019
ADDENDUM	

REFERRALS: Maribell Duran via Fax

PROVIDER NAME	SIGNED ON
Kalea Dutton	09/24/2019

Electronically signed by Kalea Dutton 01/07/2020 09:45AM